### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000091323**

1. Entity Name

DRUMMOND PRESS PROPERTIES, INC.



FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business

2472 DENNIS ST. JACKSONVILLE, FL 32204 Mailing Address 2472 DENNIS ST. JACKSONVILLE, FL 32204

# DO NOT WRITE IN THIS SPACE

01082004 No Chg-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

#### 6. Name and Address of Current Registered Agent

FALCONETTI, JOHN 2472 DENNIS ST. JACKSONVILLE, FL 32204

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered office	ice or regis	stered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Agent)	signature requ	uraa when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONETTI, ROBERT J 2472 DENNIS ST. JACKSONVILLE, FL 32204				H00000001785 01/12/04-80025-015 1 <b>50.</b> 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONETTI, DIANE 2472 DENNIS ST. JACKSONVILLE, FL 32204			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otify! like empowered.

SIGNATURE:

CITY-ST-ZIP

W Y MCONULL DIANE PALCONETTI
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1)9/04

904 154 2818