2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113372

1. Entity Name
DRUMS AUTOBODY, INC.

Principal Place of Business	Mailing Address
4045 GRAND BLVD NEW PORT RICHEY, FL 34652 US	7107 LENAPE CIRCLE NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS SPACE

04092004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3760598	Applied For
	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DRUM, MICHAEL
7107 LENAPE CIRCLE
NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
   Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRUM, MICHAEL
STREET ADDRESS	7107 LENAPE CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
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CITY-ST-ZIP	

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04/20/04-80032-008 159.75

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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 other like empowered.

SIGNATURE: _Michael D. Drum_   Michael D. Drum   4/15/04   849-0537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #