2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000090962

DRUMMOND PRESS PROPERTIES EAST, INC.

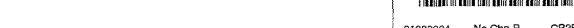


FILED Jan 12, 2004 08:00 AM Secretary of State

Principal Place of Business

2472 DENNIS STREET JACKSONVILLE, FL 32204 Mailing Address

2472 DENNIS STREET JACKSONVILLE, FL 32204



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01082004 No Chg-P Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FALCONETTI, JOHN 2472 DENNIS STREET JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered onice of registered agent, or both, in the State of Florida. I am terminar 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		Election Campaign Financial Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONETTI, ROBERT J 2472 DENNIS STREET JACKSONVILLE, FL 32204			H00000001773 01/12/04-80025-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONETTI, DIANE 2472 DENNIS STREET JACKSONVILLE, FL 32204				***	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 attagriffient with an address, with all other the empowered.

SIGNATURE: