

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000090962

1. Entity Name
DRUMMOND PRESS PROPERTIES EAST, INC.



Principal Place of Business
2472 DENNIS STREET
JACKSONVILLE, FL 32204

Mailing Address
2472 DENNIS STREET
JACKSONVILLE, FL 32204

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



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALCONETTI, JOHN
2472 DENNIS STREET
JACKSONVILLE, FL 32204

**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	FALCONETTI, ROBERT J
STREET ADDRESS	2472 DENNIS STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	FALCONETTI, DIANE
STREET ADDRESS	2472 DENNIS STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000001773
01/12/04-80025-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Diane Falconetti **DIANE FALCONETTI**

Date

11/9/04

Daytime Phone #

904 954-2818