

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000077440

1. Entity Name  
DRU ENTERPRISE INC.



FILED

05 JUL -5 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07052005 Chg-P CR2E034 (10/03)

4. FEI Number  
APPLIED FOR 59 333 66 49 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KEEN, DAVID  
1516 BLOCKFORD COURT EAST  
TALLAHASSEE, FL 32317

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KEEN, DAVID  
STREET ADDRESS 1516 BLOCKFORD COURT EAST  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE D ☐ Delete  
NAME KEEN, RUTH  
STREET ADDRESS 1516 BLOCKFORD COURT EAST  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom it may Concern

I came in to you office + paid the fees for my computations. Your computers were out + hence hand written.

I got my things back in the mail and hence returned to get it typed out. I went over the forms with personal & the office. I left with the knowledge that my things were in order.

I returned from overseas to find a card stating the dissolution of my company.

I have done my things I have to get my things set right, and ask that the late fees be waived.

Sincerely



David Keen