

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90397 042 ***150.00

DOCUMENT # P03000082312					
1. Entity Name RICK H. DREW, P.A.					
Principal Place of Business 664 N.E. 205 TERRACE MIAMI, FL 33179			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0142784	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWART, HARRY J CPA 717 E. OAK STREET KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent		
Name			Rick H. Drew		
Street Address (P.O. Box Number is Not Acceptable)			664 NE 205 Terrace		
City			Miami		
State			FL		
Zip Code			33179		
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: RICK H. DREW April 8, 05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DREW, RICK H 664 N.E. 205 TERRACE MIAMI, FL 33179				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Change Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Change Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Change Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Change Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Change Addition					
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: RICK H. DREW 4-8-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					