

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

03-15-2004 90036 005 ***150.00

DOCUMENT # P03000113866

1. Entity Name

DREWES CONSTRUCTION, INC.



Principal Place of Business
**134 DOGWOOD STREET
SEAGROVE BEACH FL 32459**

Mailing Address
**P.O. BOX 2381
SANTA ROSA BEACH FL 32459**

66409887



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0290355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JANET GENTRY CPA - PA
16 FERRY ROAD - SE
FORT WALTON BEACH FL 32548~~

Name **BARRY C. DREWES**

Street Address (P.O. Box Number is Not Acceptable)

134 DOGWOOD ST.

PO BOX 2381

City **SANTA ROSA BEACH**

FL

Zip Code

32459

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

Barry C. Drewes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

3.11.04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DREWES, BARRY C**
STREET ADDRESS **134 DOGWOOD STREET**
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **LEE-DREWES, ARTLEDA**
CITY-ST-ZIP **134 DOGWOOD STREET
SEAGROVE BEACH FL 32459**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **BARRY C. DREWES** *Barry C. Drewes* **3.11.04** **850-685-2293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President