

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90050 035 \*\*\*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

**50016566**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

124 Benning Dr.  
Suite 3

3. Mailing Address

Suite, Apt. #, etc.

City & State

Destin Florida

City & State

Zip

32541

Country

OKALOOSA

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

DREWES, BARRY C  
134 DOGWOOD ST  
PO BOX 2381  
SANTA ROSA BEACH FL 32459

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

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, 2005 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

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

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

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 Sec. Lee-Drewes  
STREET ADDRESS 134 Dogwood Street  
CITY-ST-ZIP Seagrove Bch, FL 32459

TITLE ☐ Change ☒ Addition  
NAME VP Michael D'Addario  
STREET ADDRESS 217 Bent Arrow Drive  
CITY-ST-ZIP Destin FL 32541

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:

*Barry C. Drewes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barry C. Drewes 2-7-05*  
Date

Date

Daytime Phone #

850-685-9780