2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 15, 2007 8:00 am Secretary of State DOCUMENT # P03000116961 06-15-2007 90022 020 ***158.75 1. Entity Name BRUCE DRIVDAHL, INC. Principal Place of Business Mailing Address 1112 10TH STREET E-2 1112 10TH STREET E-2 ST. CLOUD FL 34769 US ST. CLOUD FL 34769 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 51 2nd MOORE CR2E034 (4/07) APTILO City & State 4. FEI Number Applied For 20-0317811 Not Applicable \$8.75 Additional OSCEOLA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRIVDAHL, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1112 10TH STREET E-2 ST. CLOUD FL 34769 cloud 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 agen-(NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of registered agont and title if applicable FILE NOW!!! FEE IS \$550,00 S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition THLE ☐ Delete THEF Change DRIVDAHL, BRUCE NAME NAME 1112 10TH STREET E-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34769 CITY - ST - ZIP TIT: E Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ш ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP ☐ Channe ☐ Addition TIDE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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.

FILED

ATTACHMENT40120881
I Bruce Drivdans, have live here
for the last 10 Years, I get all my male
at this Place. The Post office:
did not sent the Annual Report
to my place, what am I going to do
about the Fee. I did not get
the Letter in the mele
Bruce Windako