

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000024701

1. Entity Name

DRIVES & MORE, INC.



**FILED  
Feb 28, 2005 8:00 am  
Secretary of State**

02-28-2005 90220 050 \*\*\*150.00

UUU1001



1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
1837 S.E. AVE J BELLE GLADE FL 33430	1837 S.E. AVE J BELLE GLADE FL 33430

2. Principal Place of Business	3. Mailing Address
Street	City & State

City & State	Country
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CONGLETON, STEVEN C 1837 S.E. AVE J BELLE GLADE FL 33430	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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONGLETON, STEVEN C 1837 S.E. AVE J BELLE GLADE FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Steve C. Congleton* *Steve Congleton 2/22/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

567-227-1744