

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90383 042 ***150.00

DOCUMENT # P05000067377		
1. Entity Name DREWENDOM ENTERPRISES INC.		

Principal Place of Business 5604 PINE RIDGE DRIVE MILTON, FL 32570 US	Mailing Address P.O. BOX 3740 MILTON, FL 32572 US
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50016232



03242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 7413 NORTHPOINTE BLVD		3. Mailing Address 7413 NORTHPOINTE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32514	Country USA	Zip 32514	Country USA

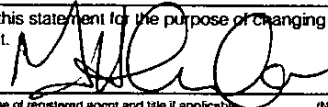
4. FEI Number 11-3749494	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SKULTETY, JEFFREY V 5604 PINE RIDGE DRIVE MILTON, FL 32570	
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7. Name and Address of New Registered Agent Name KOPP, MATTHEW R. Street Address (P.O. Box Number is Not Acceptable) 7413 NORTHPOINTE BLVD City PENSACOLA FL Zip Code 32514	
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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  DATE **4-21-06**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SKULTETY, JEFFREY V 5604 PINE RIDGE DRIVE MILTON, FL 32570 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC KOPP, MATTHEW R 7109 MENTON STREET NAVARRE, FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC KOPP, MATTHEW R 7413 NORTHPOINTE BLVD PENSACOLA, FL 32514 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 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:  DATE **4-21-06** (850) 454-4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR