

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000067377

1. Entity Name
DREWENDOM ENTERPRISES INC.



Principal Place of Business
7413 N PONTE BLVD
PENSACOLA, FL 32514 US

Mailing Address
7413 N PONTE BLVD
PENSACOLA, FL 32514 US

DO NOT WRITE IN THIS SPACE

FILED
May 02, 2007 08:00 A
Secretary of State



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3749494	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOPP, MATTHEW R
7413 N POINTE BLVD
PENSACOLA, FL 32514

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000755447
05/22/07-00100-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME SKULTETY, JEFFREY V
STREET ADDRESS 5604 PINE RIDGE DRIVE
CITY-ST-ZIP MILTON, FL 32570

TITLE SEC
NAME KOPP, MATTHEW R
STREET ADDRESS 7413 N POINTE BLVD
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-7

Date

Daytime Phone #