2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101343

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT MITCHELL, KY 41017

FT MITCHELL, KY 41017

WALTER, DIÀNNE M

24 GRANDVIEW DR

() Delete

FILED Jan 16, 2009 Secretary of State

Entity Nar	me: DREES	LAND DEVELOPMENT OF F	LORIDA, IN	NC.			
Current Principal Place of Business:				New Principal Place of Business:			
	IDVIEW DR HELL, KY 410	17			EBO PARK PL VILLE, FL 32		
Current Mailing Address:				New Mailing Address:			
211 GRANDVIEW DR FT. MITCHELL, KY 41017				6101 GAZEBO PARK PL N STE 107 JACKSONVILLE, FL 32257			
FEI Number:	: 56-2525966	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status D	esired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU	ORATION SY TH PINE ISLA ON, FL 3332	AND ROAD					
	named entity e of Florida.	submits this statement for the	e purpose c	of changing it	ts registered o	office or registered ag	ent, or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent			Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO (DREES, DAVI 24 GRANDVIE FT MITCHELL	W DR		Title: Name: Address: City-St-Zip:	CEO (X DREES, DAVII 211 GRANDVII FT MITCHELL,	EW DR	
Title: Name: Address: City-St-Zip:	SHACTER, DA	PARK PLACE N. STE 107`		Title: Name: Address: City-St-Zip:	FERGUSON, J	PARK PLACE N. STE 10	7`
Title: Name: Address:	T (GHERBST, LA 211 GRANDVI			Title: Name: Address:	T (X HERBST, LAW 211 GRANDVII		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT MITCHELL, KY 41017

() Change () Addition

SIGNATURE: LAWRENCE G. HERBST Τ 01/16/2009