

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000101353

1. Entity Name  
DREES HOMES OF FLORIDA, INC.



Principal Place of Business  
211 GRANDVIEW DR  
FT. MITCHELL, KY 41017

Mailing Address  
211 GRANDVIEW DR  
FT. MITCHELL, KY 41017

FILED

2008 MAR 19 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-2525958

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTTION, FL 33324

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DREES, DAVID 211 GRANDVIEW DR FT MITCHELL, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, JOH 211 GRANDVIEW FT MITCHELL, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERBST, LAWRENCE G 211 GRANDVIEW DR FT MITCHELL, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANNE, WALKER M 211 GRANDVIEW DR FT MITCHELL, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/08--01004--013 \*\*438.75

**DO NOT WRITE  
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: *Lawrence G Herbst* Lawrence G Herbst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/08  
Date

859-578-4200  
Daytime Phone #