## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P94000065923 02-13-2006 90021 026 \*\*\*150.00 DRENNAN PROPERTIES, INC. Principal Place of Business Mailing Address 317 NELSON RD. BRYSON CITY NC 28713 317 NELSON RD. BRYSON CITY NC 28713 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 56-1925265 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIEGLE, LIZA M Street Address (P.O. Box Number is Not Acceptable) 1401 E. BROWARD BLVD. **SUITE 206** FT. LAUDERDALE FL 33301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 ~ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition DVP ☐ Delete TITLE ☐ Change TITLE DRENNAN, MARJORIE P NAME STREET ADDRESS STREET ADDRESS 317 NELSON RD. CITY-ST-ZIP CITY-ST-7IP BRYSON CITY NC 28713 Change Addition ST ☐ Delete TITLE TITLE NAME NAME DRENNAN, MARJORIE P STREET ADDRESS STREET ADDRESS 317 NELSON RD. CITY-ST-ZIP CITY-ST-ZIP BRYSON CITY NC 28713 \_\_\_ Delete \_\_\_ TITLE Change Addition NAME DRENNAN, GREGG STREET ADDRESS STREET ADDRESS 7401 ARROWHEAN CLUBHOUSE DR #2041 CITY-ST-ZIP CITY-ST-7IP GLENDALE AZ 85308 ☐ Addition Delete TITLE TITLE DRENNAN, DEBRA NAME NAME 2001 RESEVOIR RD. #39 STREET ADDRESS STREET ADDRESS Rock on 72227 CITY-ST-ZIP LITTLE ROCK AR 72227 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

Mayorie Drennan

SIGNATURE: \_

FILED

Feb 13, 2006 8:00 am