## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000065923

SAVAGE, DEBRA

2001 RESERVOIR RD, #39

LITTLE ROCK, AR 72227

Name:

Address:

City-St-Zip:

FILED Jan 09, 2007 Secretary of State

Entity Name: DRENNAN PROPERTIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 317 NELSON RD BRYSON CITY, NC 28713 **Current Mailing Address: New Mailing Address:** 317 NELSON RD BRYSON CITY, NC 28713 FEI Number: 56-1925265 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIEGLE, LIZA M 1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE, FL 33301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP ( ) Delete Title: () Change () Addition DRENNAN, MARJORIE P Name: Name: 317 NELSON RD. Address: Address: City-St-Zip: BRYSON CITY, NC 28713 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DRENNAN, MARJORIE P Name: 317 NELSON RD. Address: Address: BRYSON CITY, NC 28713 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition DRENNAN, GREGG DRENNAN, GREGG Name: Name: 7401 ARROWHEAN CLUBHOUSE DR #2041 5272 WEST VILLAGE DRIVE Address: Address: City-St-Zip: GLENDALE, AZ 85308 City-St-Zip: GLENDALE, AZ 85308 Title: ( ) Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DRENNAN, DEBRA

317 NELSON ROAD

BRYSON CITY, NC 28713

SIGNATURE: MARJORIE DRENNAN DVP 01/09/2007