

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 034 ***150.00

DOCUMENT # P96000042660			
1. Entity Name DRUMMONDS & SON, INC.			
Principal Place of Business 33275 CORTEZ BLVD. RIDGE MANOR, FL 33523		Mailing Address 33275 CORTEZ BLVD RIDGE MANOR, FL 33523	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3379641	
		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		7. Name and Address of New Registered Agent	
DRUMMONDS, THOMAS E 35168 BATESFIELD STREET WEBSTER, FL 33597		Name: Thomas E. Drummonds Street Address (P.O. Box Number is Not Acceptable): 12097 CENTRAL A WEEK: WACHAEE City: FL Zip Code: 32614	
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: 		DATE: 03/28/2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: DRUMMONDS, THOMAS STREET ADDRESS: 7388 KNOXVILLE DR CITY-ST-ZIP: WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Thomas E. Drummonds STREET ADDRESS: 12097 CENTRAL A Rd CITY-ST-ZIP: WEEK: WACHAEE, FL 32614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DRUMMONDS, THOMAS E STREET ADDRESS: 35618 BATESFIELD STREET CITY-ST-ZIP: WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete	TITLE: VP + S NAME: Sue Drummonds STREET ADDRESS: 35168 BATESFIELD STREET CITY-ST-ZIP: WEBSTER, FL 33597	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: DRUMMONDS, SUE STREET ADDRESS: 7388 KNOXVILLE DR. CITY-ST-ZIP: WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE: 03/28/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		352-583-5499	
		Daytime Phone #	