


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000100314
1. Entity Name
DRUMMOND INVESTMENT GROUP, INC.



Principal Place of Business: **7334 LAKE WORTH DR
LAKE WORTH, FL 33467**
Mailing Address: **7334 LAKE WORTH DR
LAKE WORTH, FL 33467**

DO NOT WRITE IN THIS SPACE



07152005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0713161** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MANELLA, ROSS
2206 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EZAGUI, DAVID
STREET ADDRESS	7334 LAKE WORTH DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	EZAGUI, JULLIETTE
STREET ADDRESS	7334 LAKE WORTH DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: David Ezagui David Ezagui 7.15.05 921.433.0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #