

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 038 ***150.00

DOCUMENT # P96000101857

1. Entity Name
DRC DEVELOPMENT CORP.



Principal Place of Business
**119 GRAHAM ST SW
PORT CHARLOTTE, FL 33952**

Mailing Address
**PO BOX 496086
PORT CHARLOTTE, FL 33952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0746478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSSMAN, CATHIE
6350 RIVERSIDE DRIVE
PUNTA GORDA, FL 33982**

Name **CATHIE GROSSMAN**
Street Address (P.O. Box Number is Not Acceptable)
438 STRASBURG DRIVE
City **PORT CHARLOTTE** FL Zip Code **33954**

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

Cathie Grossman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SMITH, RAYMOND J**
STREET ADDRESS **6350 RIVERSIDE DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **A.P.** ☒ Change ☐ Addition
NAME **GROSSMAN, CATHIE**
STREET ADDRESS **438 STRASBURG DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

TITLE **DV** ☐ Delete
NAME **GROSSMAN, CATHIE**
STREET ADDRESS **119 GRAHAM ST SW**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D.V.** ☒ Change ☐ Addition
NAME **SMITH, RAYMOND J.**
STREET ADDRESS **6350 RIVERSIDE DR.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **T** ☐ Delete
NAME **WOLFF, DARLEEN**
STREET ADDRESS **119 PICHAM ST SW**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DT** ☐ Change ☒ Addition
NAME **WOLFF, DARLEEN**
STREET ADDRESS **110 PECKHAM ST SW**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **S** ☐ Delete
NAME **WOLFF, DIANE**
STREET ADDRESS **1184 GREEN OAK TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CATHIE GROSSMAN D.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathie Grossman

DATE

2/7/05 (941) 625-5602

Daytime Phone #