


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90079 033 ***150.00

DOCUMENT # P96000101857		
1. Entity Name DRC DEVELOPMENT CORP.		

Principal Place of Business 438 STRASBURG DR PORT CHARLOTTE, FL 33954	Mailing Address 438 STRASBURG DR PORT CHARLOTTE, FL 33954
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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

01242007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0746478	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GROSSMAN, CATHIE 438 STRASBURG DRIVE PORT CHARLOTTE, FL 33954		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL 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: Cathie Grossman **CATHIE GROSSMAN** 1/29/07
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, RAYMOND J 6350 RIVERSIDE DR PUNTA GORDA, FL 33950 <i>DELETE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GROSSMAN, CATHIE DP 438 STRASBURG DRIVE PORT CHARLOTTE, FL 33954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSSMAN, CATHIE 438 STRASBURG DRIVE PORT CHARLOTTE, FL 33954 <i>CHANGE TO →</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLFF, DARLEEN VP 110 PECKHAM ST SW PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WOLFF, DARLEEN 110 PECKHAM ST SW PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T. WOLFF, DARLEEN 110 PECKHAM ST SW P.C. FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFF, DIANE 1184 GREEN OAK TRAIL PORT CHARLOTTE, FL 33952 <i>SAME</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, CATHIE 438 STRASBURG DR PORT CHARLOTTE, FL 33954 <i>SAME</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFF, DARLEEN 110 PECKHAM ST SW PORT CHARLOTTE, FL 33952 <i>SAME</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Darleen Wolff VP, DT. 1/30/07 (941) 743-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #