


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000097047</b> 1. Entity Name DRL CONSTRUCTION, INC.	
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Principal Place of Business 4011 DIGITAL LIGHT DR STE 101 MELBOURNE, FL 32934 US	Mailing Address 4011 DIGITAL LIGHT DR STE 101 MELBOURNE, FL 32934 US
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3478109	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LOWMAN, DAVID R 4011 DIGITAL LIGHT DR MELBOURNE, FL 32934	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000194788 01/25/05 00002 013 150.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOWMAN, DAVID R. 4011 DIGIAL LIGHT DR MELBOURNE, FL 32934
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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, or in all other like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01/20/05  
Date Daytime Phone #