2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000033549

1. Entity Name
D.R.U.H., INCORPORATED

Principal Place of Business
4013 NW BLITCHTON ROAD
OCALA, FL 34482-4063

Mailing Address
4013 NW BLITCHTON ROAD
OCALA, FL 34482-4063

DO NOT WRITE IN THIS SPACE

0422004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3502818

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, DIPAK B
4013 NW BLITCHTON ROAD
OCALA, FL 34482-4063

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: _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000130265
04/26/04-80111-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, DIPAK B
STREET ADDRESS	4013 NW BLITCHTON RD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	V
NAME	PATEL, RITA D
STREET ADDRESS	4013 NW BLITCHTON RD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 an an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-24-04.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

APR-22-2004(THU) 10:16 FLORIDA AND PATEL C.P.A.