

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100248

Entity Name: DROZD ATLANTIC, INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

6805 U.S. #1 SOUTH  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

6805 U.S. #1 SOUTH  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 59-3544467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAMBERLAIN, STEVEN M  
618 NORTHEAST FIRST STREET  
GAINESVILLE, FL 32601

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DROZD, DEBORAH A  
Address: ONE BEACH STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPS ( ) Delete  
Name: DROZOL, EDWARD C  
Address: ONE BEACH STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: POWELL, DON  
Address: 1863 STATE ROAD 20  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPS (X) Change ( ) Addition  
Name: DROZD, EDWARD C JR.  
Address: ONE BEACH STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T (X) Change ( ) Addition  
Name: POWELL, DONALD G  
Address: 1863 STATE ROAD 20  
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD G. POWELL

T

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date