## .2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan.22, 2005 08:00 AM **Secretary of State** DOCUMENT # V62482 1. Entity Name DRIFT, INC. Principal Place of Business Mailing Address 240 W. WASHINGTON ST. 240 W. WASHINGTON ST. MONTICELLO, FL 32344 MONTICELLO, FL 32344 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3147374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES INC. DO NOT WRITE 150 MAGONOLIA AVE. DAYTONA BEACH, FL 32115-2491 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. (NOTE Registered Agent signature required when reinstating) DATE Synature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SUMMITT, JACK NAME STREET ADDRESS 2614 N PENENSULAR DR CITY-ST-7/P DAYTONA BEACH, FL 32118 TITLE U00000131246 01/24/05-80166-D11 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP mir NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 of indicate empoyered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

her like empowered.

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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of the corporation or the receiver of changed, or on an attachment with

SIGNATURE!