# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2007**
**Secretary of State**

DOCUMENT# 643451

**Entity Name:** THE DRAGE CORPORATION OF PORT CHARLOTTE

**Current Principal Place of Business:**

1089 A TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

100 NORTH MAPLE AVENUE
SANFORD, FL 32771

**New Mailing Address:**

706 W. FIRST STREET
SANFORD, FL 32771

**FEI Number: 59-1969443** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAGE, JOHN E
100 N MAPLE AVE
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

DRAGE, JOHN E
706 W. FIRST STREET
SANFORD, FL 32771 US

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: _____ 04/23/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete
Name: DRAGE, JOANNE R,
Address: 351 N. DOVER CT.
City-St-Zip: HEATHROW, FL 32746

Title: P ( ) Delete
Name: DRAGE, THOMAS
Address: 351 N. DOVER CT.
City-St-Zip: HEATHROW, FL 32746

Title: VP ( ) Delete
Name: DRAGE, JOHN E
Address: 1108 WEBSTER ST
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN E. DRAGE VP 04/23/2007
Electronic Signature of Signing Officer or Director — Date