2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 224765

Entity Name: THE DRAGE CORPORATION

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DRAGE, THOMAS B

HEATHROW, FL 32746

351 N DOVER CT

DRAGE, JOHN E

ORLANDO, FL

1108 WEBSTER ST

VΡ

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 NORTH MAPLE AVENUE 706 WEST FIRST ST SANFORD, FL 32771 SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 100 NORTH MAPLE AVENUE 706 WEST FIRST ST SANFORD, FL 32771 SANFORD, FL 32771 FEI Number: 59-0871113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DRAGE, JOHN E VP DRAGE, JOHN E P 706 WEST FIRST ST 100 N MAPLE AVE SANFORD, FL 32771 US US SANFORD, FL 32771 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: JOHN E. DRAGE 04/25/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition STICKLE, RICHARD F, Name: Name: 5003 BONITA DRIVE Address: Address: City-St-Zip: WIMAUMA, FL City-St-Zip: Title: Title: () Change () Addition ST () Delete Name: DRAGE, JOANNE R, Name: 351 N DOVER CT Address: Address: HEATHROW, FL 32746 City-St-Zip: 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

CFO

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HEATHROW, FL 32746

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SIGNATURE: JOHN E. DRAGE P 04/25/2007