


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90266 039 \*\*\*150.00

<b>DOCUMENT # H05829</b> 1. Entity Name <b>DRAKEFORD, INC.</b>	
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Principal Place of Business <b>2212 EAST 4TH AVE. P. O. BOX 22023 TAMPA, FL 33622-5410</b>	Mailing Address <b>2212 EAST 4TH AVE. P. O. BOX 22023 TAMPA, FL 33622-5410</b>
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2. Principal Place of Business <b>14241 60th Street N.</b>	3. Mailing Address <b>601 Jefferson Davis Hwy.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 201</b>

City & State <b>Clearwater, FL</b>	City & State <b>Fredericksburg, VA</b>
Zip <b>33760</b>	Zip <b>22401</b>
Country <b>USA</b>	Country <b>USA</b>



04122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2961237</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DRAKEFORD &amp; DRAKEFORD P.A. 2212 E 4TH AVE. TAMPA, FL 33605</b>	7. Name and Address of New Registered Agent Name <b>Drakeford &amp; Drakeford, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14241 60th Street North</b> City <b>Clearwater</b> FL Zip Code <b>33760</b>
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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 <b>Drakeford &amp; Drakeford, P.A. Lisa Piper - agent</b>	DATE <b>4-10-05</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAKEFORD, WALTER H C 2212 EAST 4TH AVE. TAMPA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHAPHEER, DAISY 2223 E LANCASTER LANCASTER, CA 93535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: <b>Daisy Schapheer Daisy Schapheer</b>	DATE <b>4-12-05</b>	Daytime Phone #
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