

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # H05829

1. Entity Name
DRAKEFORD, INC.



Principal Place of Business
**1668 N HERCULES AVE
UNIT E
CLEARWATER, FL 33765**

Mailing Address
**601 JEFFERSON DAVIS HWY
SUITE 201
FREDERICKSBURG, VA 22401**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2961237

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRAKEFORD & DRAKEFORD P.A.
1668 N HERCULES AVE
UNIT E
CLEARWATER, FL 33765**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DRAKEFORD, WALTER III
STREET ADDRESS	14241 60TH ST N
CITY-STATE-ZIP	CLEARWATER, FL 33760
TITLE	DV
NAME	SCHAPHEER, DAISY
STREET ADDRESS	2223 E LANCASTER
CITY-STATE-ZIP	LANCASTER, CA 93535
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000881371
04/15/08-80097-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Walter Drakeford III
WALTER DRAKEFORD III

4-1-08

Date

Daytime Phone #