

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2007 08:00 A Secretary of State

ANNUAL REPORT				rep 08, 200/ 08:	
DOCUMENT # J45842 1. Entity Name DRAKE PROPERTIES AND INVESTMENTS, INC.				1	Secretary of S
Principal Place 1224 SE FO OCALA, FL 3		Mailing Address 1224 SE FT KING ST OCALA, FL 34471 US			(
С	OO NOT WRITE	IN THIS SPA	CE	02052007 No Chg-P 4. FEI Number 59-2745845	CR2E034 (11/05) Applied For Not Applicable
			1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DRAKE, ROBERT P. 1224 SE FT KING ST OCALA, FL 34471			DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the time of registered agent and time of registered agent and time of registered agent and time of registered agent		ed office or register		orida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees	
10. ITTLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP HILE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP	OCALA, FL VPD DRAKE, LEE ANNE 1224 SE FORT KING STREET OCALA, FL 34471 SS		U00000627374 02/15/07-80059-009 150.00 DO NOT WRITE IN THIS SPACE		
NAME SIREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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 attaching with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

352-867-8138

Daytime Phone #