2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 18, 2008 08:00 AM Secretary of State

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1. Entity Name

DRAKE PROPERTIES AND INVESTMENTS, INC.



Principal Place of Business

1224 SE FORT KING ST OCALA, FL 34471 US Mailing Address

1224 SE FT KING ST OCALA, FL 34471



01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2745845 Applied For Not Applicable

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		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE	Signature, typed or pented name of registered agent and title	I applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	OFFICERS AND DIRECT DP DRAKE, ROBERT P. 1224 SE FT KING ST OCALA, FL VPD DRAKE, LEE ANNE 1224 SE FORT KING STREET OCALA, FL 34471	CTORS	DO	U00000738841 01/22/08-80001-018 150.00 NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN [*]	THIS SPACE	
TITLE NAME STREET ADDRESS				·	

12. Thereby 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:

CITY-SI-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR