

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90254 046 ***150.00

DOCUMENT # L15966

1. Entity Name
**DRAKEFORD & DRAKEFORD, A PROFESSIONAL
ASSOCIATION**



Principal Place of Business
**2212 E. 4TH AVE.
P.O. BOX 22023
TAMPA, FL 33605-5410**

Mailing Address
**2212 E. 4TH AVE.
P.O. BOX 22023
TAMPA, FL 33605-5410**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3144782** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAKEFORD, WALTER H C
2212 E 4TH AVE
TAMPA, FL 33605**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRAKEFORD, WALTER H.C.
STREET ADDRESS	2212 E. 4TH AVE
CITY - ST - ZIP	TAMPA, FL
TITLE	Tom Monahan
NAME	3638 Oxford Ave
STREET ADDRESS	Bronx, NY 10463
CITY - ST - ZIP	
TITLE	John Della-Donna
NAME	5114 Stonewood Cir
STREET ADDRESS	Mableton, GA 30126
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-04

Date

Daytime Phone # _____