

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15966

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** DRAKEFORD & DRAKEFORD,A PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

1668 N HERCULES AVE  
UNIT E  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

601 JEFFERSON DAVIS HIGHWAY  
SUITE 201  
FREDERICKSBURG, VA 22401

**New Mailing Address:**

**FEI Number:** 59-3144782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAKEFORD, WALTER H C  
1668 N HERCULES AVE  
UNIT E  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DRAKFOR, WALTER  
Address: 1668 N HERCULES AVE. UNIT E  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: MONEHAN, TOM  
Address: 3638 OXFORD AVE.  
City-St-Zip: BRONX, NY 10463

Title: D ( ) Delete  
Name: DELLA-DONNA, JOHN  
Address: 5114 STONEYWOOD CIR.  
City-St-Zip: MABLETON, GA 30126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER DRAKEFORD

D

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date