

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90063 022 ***150.00

DOCUMENT # P03000025132																																															
1. Entity Name DRAKE MARKETING INCORPORATED																																															
Principal Place of Business 657 ROGER SHERMAN STREET ORANGE PARK, FL 32073			Mailing Address P.O. BOX 7268 JACKSONVILLE, FL 32238																																												
2. Principal Place of Business 7411 PETRELL DR		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State JACKSONVILLE, FL		City & State		4. FEI Number 32-0067241																																											
Zip 32222		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent FELTS-SMITH, SARAH D 7411 PETRELL DRIVE JACKSONVILLE, FL 32222			7. Name and Address of New Registered Agent																																												
Name			Street Address (P.O. Box Number is Not Acceptable)																																												
City			FL Zip Code																																												
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P FELTS-SMITH, SARAH D 7411 PETRELL DRIVE JACKSONVILLE, FL 32222</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MARY K STEWART 1737 SOUTHCREEK DR JACKSONVILLE, FL 32259</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">D STEWART, MARY K 657 ROGER SHERMAN STREET ORANGE PARK, FL 32073</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">VT SMITH, DON K 7411 PETRELL DRIVE JACKSONVILLE, FL 32222</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">VT SMITH, DON K 7411 PETRELL DRIVE JACKSONVILLE, FL 32222</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SECR SPEAR, RACHEL C 7411 PETRELL DR. JACKSONVILLE, FL 32222</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MACCLENNY, FL 32063</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MACCLENNY, FL 32063</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MACCLENNY, FL 32063</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P FELTS-SMITH, SARAH D 7411 PETRELL DRIVE JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete	TITLE	MARY K STEWART 1737 SOUTHCREEK DR JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	D STEWART, MARY K 657 ROGER SHERMAN STREET ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	NAME	VT SMITH, DON K 7411 PETRELL DRIVE JACKSONVILLE, FL 32222	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	VT SMITH, DON K 7411 PETRELL DRIVE JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete	STREET ADDRESS	SECR SPEAR, RACHEL C 7411 PETRELL DR. JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	MACCLENNY, FL 32063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	MACCLENNY, FL 32063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	MACCLENNY, FL 32063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SARAH D FELTS-SMITH (904) 226-4953 1/29/05																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															