## ANNUAL REPORT (AR)

## DOCUMENT # P05000067935

1. Entity Namo

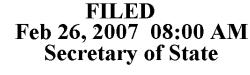
DRACE CONSTRUCTION, INC.



Principal Place of Business	
1605 LAKE PARK DRIVE FERNANDINA BEACH FL	320

Mailing Address

1605 LAKE PARK DRIVE





FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034						·					
2. Principal Place of Business - No P O. Box #			3, Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, otc.			1st MOORE CR2E034 (10/06)				
City & State			City & State			4. FEIN	4. FEI Number 20-2813901 Applied For Not Applicable				
Zíp .	•	Country	Zıp		Country	5. Corti	Cortificate of Status Desired     Sa.75 Additional Fee Required				
	6. Name	and Address of Currer	t Registere	ed Agent		7. Nam	e and Address of Nev	Registered A	jent		
				Namo	Namo						
DRACE, CHARLES L 1605 LAKE PARK DRIVE FERNANDINA BEACH FL 32034				Street	Stroot 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 effice 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 it applicable. (NOTE: Registered Agent a gnature required when reinstalize)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees								d lo Fees			
10. OFFICERS AND DIRECTORS 11				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
mn	DPST			Delete	HIL		·		☐ Change	Addition	
NAME	DRACE, C	HARLES L			NAME						
STREET ADDRESS CHY-ST-ZIP	1	E PARK DRIVE PINA BEACH FL 32034			STREET ADDRESS CHY-ST-7IP						
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CHIY-SI-ZIP	<u></u>				CHY-ST-7P						

12. Thereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or fusion 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:

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR