

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000017398

1. Entity Name
DRANSFIELD INVESTMENT PROPERTIES, INC.



Principal Place of Business
2650 SHILOH WAY
TALLAHASSEE, FL 32308

Mailing Address
2650 SHILOH WAY
TALLAHASSEE, FL 32308



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1595696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRANSFIELD, DALE L
2650 SHILOH WAY
TALLAHASSEE, FL 32308

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000577456
01/08/07-80016-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DRANSFIELD, DALE L.
STREET ADDRESS	2650 SHILOH WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308

TITLE	ST
NAME	DRANSFIELD, PEGGY L
STREET ADDRESS	2650 SHILOH WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dale L. Dransfield Dale L. Dransfield 1-6-07 850-443-1644