

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 08, 2008 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



01052008

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 ☐

\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
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CITY-ST-ZIP

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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

Dale L. Dransfield 1-5-08 850.443.1644

Date

Daytime Phone #