

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078996

Entity Name: TRUSTEN DRAKE, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

108 N MAGNOLIA AVE
319
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

PO BOX 1238
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3405040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAKE, TRUSTEN
108 N MAGNOLIA AVE
319
OCALA, FL 34475 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: HUMBEL, LAURA
Address: 2016 SE 5TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DRAKE, CHARLINE
Address: 13550 SW SR 200
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: DRAKE, ROBERT
Address: 1224 SE FT KING ST
City-St-Zip: OCALA, FL

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: LAURA HUMBEL

DIR

04/22/2009

Electronic Signature of Signing Officer or Director

Date