

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000065189			
1. Entity Name DRAPER ENTERPRISES, INC.			
Principal Place of Business 123 EAST PARK AVENUE LAKE WALES, FL 33853		Mailing Address 123 EAST PARK AVENUE LAKE WALES, FL 33853	
DO NOT WRITE IN THIS SPACE		08092005 No Chg P CR2E034 (10/03)	
		4. FEI Number 59-3460091	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAPER, LORETTA H 123 EAST PARK AVENUE LAKE WALES, FL 33853		DO NOT WRITE IN THIS SPACE	
12. 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 or fee filer (if applicable) (NOTE: Signature of Agent required when re-filing) DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.123(2)(b), F.S., the corporation did not receive the prior notice	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	DRAPER, LORETTA H		
STREET ADDRESS	1600 STOKES RD		
CITY, ST, ZIP	LAKE WALES, FL 33898		
TITLE	V		
NAME	DRAPER, MICHAEL H		
STREET ADDRESS	1600 STOKES RD.		
CITY, ST, ZIP	LAKE WALES, FL 33898		
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption placed in Section 119.07(3)(c), 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 addresses, with all other like employees.			
SIGNATURE: <i>Loretta H. Draper</i>		7/11/05 863-676-9195	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

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07/13/05-80004-018 150.00

**DO NOT WRITE
IN THIS SPACE**