

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025049

FILED  
Feb 15, 2006  
Secretary of State

Entity Name: DRACKETT/OTT CAPITAL MANAGEMENT, INC.

## Current Principal Place of Business:

555 ADMIRALTY PARADE W.  
NAPLES, FL 34102 US

## New Principal Place of Business:

## Current Mailing Address:

3940 PROSPECT AVE 102  
NAPLES, FL 34102 US

## New Mailing Address:

3940 PROSPECT AVE  
#102  
NAPLES, FL 34102 US

FEI Number: 59-3498636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICI, JAMES R  
C/O COX & NICI  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL 34110 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: D P ( ) Delete  
Name: DRACKETT, LUCILLE M  
Address: 555 ADMIRALTY PARADE W.  
City-St-Zip: NAPLES, FL 34102

Title: DVS ( ) Delete  
Name: OTT, CHAD N  
Address: 2581 HALF MOON WALK  
City-St-Zip: NAPLES, FL 34102

Title: DVT ( ) Delete  
Name: OTT, R. CHRISTOPHER  
Address: 3150 GREEN DOLPHIN LN  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: OTT, BARRET C  
Address: 1609 MUREX LANE  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: OTT, SPENCER V  
Address: 308 CRESTWOOD DRIVE  
City-St-Zip: FORT WORTH, TX 76107

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DRACKETT, LUCILLE M  
Address: 555 ADMIRALTY PARADE W.  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: OTT, R. CHRISTOPHER  
Address: 3150 GREEN DOLPHIN LN  
City-St-Zip: NAPLES, FL 34102

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 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: CHAD N. OTT

DVS

02/15/2006

Electronic Signature of Signing Officer or Director

Date