

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025049

FILED
Mar 17, 2008
Secretary of State

Entity Name: DRACKETT/OTT CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

3940 PROSPECT AVE.
#102
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

3940 PROSPECT AVE
#102
NAPLES, FL 34102 US

New Mailing Address:

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 ESQ.
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: DP () Delete
Name: DRACKETT, LUCILLE M
Address: 555 ADMIRALTY PARADE W.
City-St-Zip: NAPLES, FL 34102 US

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

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

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

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

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:

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: CHAD N. OTT

VP

03/17/2008

Electronic Signature of Signing Officer or Director

Date