2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P98000025049

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 04/27/2009

Electronic Signature of Signing Officer or Director — Date