## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # J67022 1. Entity Name 04-16-2007 90091 007 \*\*\*150.00 DAT'L-DO-IT, INC. Principal Place of Business Mailing Address 3255 PARKER DR 32084 ST AUGUSTINE, FL 32095 3255 PARKER DR 32084 ST AUGUSTINE, FL 32005 U 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2834794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **UPCHURCH, BAILEY & UPCHU** Street Address (P.O. Box Number is Not Acceptable) 780 N PONCE DE LEON BLVD P O DRAWER 3007 ST AUGUSTINE, FL 32084 Zip Code FL 8. 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete D Change ☐ Addition TITLE TITLE CAUSEY, MARY R NAME NAME STREET ADDRESS STREET ADDRESS 189 LAMPLIGHTER LANE PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CHY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an actures, with all other like empowered.