

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112872

Entity Name: DAC FINANCE, INC.

FILED  
Jun 30, 2004  
Secretary of State

## Current Principal Place of Business:

1052 W SR 436  
SUITE 2066  
ALTAMONTE SPRINGS, FL

## Current Mailing Address:

1052 W SR 436  
SUITE 2066  
ALTAMONTE SPRINGS, FL

FEI Number: 59-3758153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

1052 W SR 436  
SUITE 2066  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

1052 W SR 436  
SUITE 2066  
ALTAMONTE SPRINGS, FL 32714

## Name and Address of Current Registered Agent:

CAMPBELL, DAVID  
5050 S. HWY. 17-92  
CASSELBERRY, FL 32707

## Name and Address of New Registered Agent:

CAMPBELL, DAVID A  
1052 W SR 436  
SUITE 2066  
ALTAMONTE SPRINGS, FL 32714

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: DAVID CAMPBELL

06/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAMPBELL, DAVID  
Address: 5050 S. HWY. 17-92  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CAMPBELL, DAVID  
Address: 1052 W SR 436 2066  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Change (X) Addition  
Name: ERIC, BENKE R  
Address: 1052 W SR 436 2066  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID CAMPBELL

D

06/30/2004

Electronic Signature of Signing Officer or Director

Date