
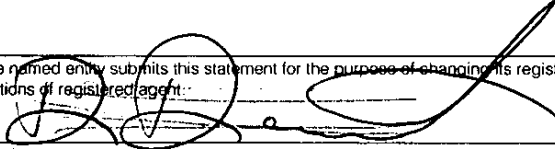
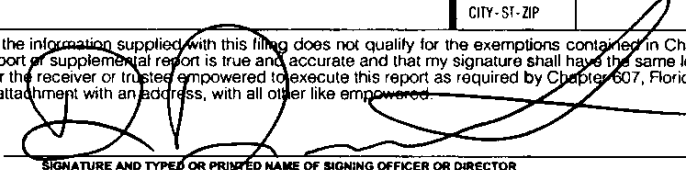


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90056 023 ***150.00

DOCUMENT # P03000116018 1. Entity Name DANIEL L DARMATA, INC.					
Principal Place of Business 5144 LEXINGTON AVE JACKSONVILLE, FL 32210			Mailing Address 5144 LEXINGTON AVE JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 6950 Hyde Grove Ave Suite, Apt. #, etc.		3. Mailing Address 6950 Hyde Grove Ave Suite, Apt. #, etc.			
City & State Jax., FL. Zip 32210		City & State Jax., FL Zip 32210		4. FEI Number 20-0309453	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARMATA, DANIEL L 5144 LEXINGTON AVE. JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Darmata, Daniel L Street Address (P.O. Box Number is Not Acceptable) 6950 Hyde Grove Ave. City Jax. FL Zip Code 32210	
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  DATE 2/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME DARMATA, DANIEL L		TITLE PT	NAME Darmata, Daniel L	
STREET ADDRESS 5144 LEXINGTON AVE	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS 6950 Hyde Grove Ave	CITY-ST-ZIP Jax., FL. 32210	
TITLE VS	NAME RICH, JAMES L		TITLE VS	NAME Rich, James	
STREET ADDRESS 2677 WESTPORT DR	CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043		STREET ADDRESS 1441 Heather Glen Ln.	CITY-ST-ZIP Middleburg, FL. 32068	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 address, with all other like empowered.					
SIGNATURE: 			DATE 2/22/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					