2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 27, 2005 8:00 am
Secretary of State
01-27-2005 90050 030 ***150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # S08426

1. Entity Name
DARRON, INC.

Principal Place of Business	Mailing Address
3304 BLUESTONE AVE SPRING HILL, FL 34609 US	3304 BLUESTONE AVE SPRING HILL, FL 34609 US

2. Principal Place of Business	3. Mailing Address
5122 Gulf Dr.	5122 Gulf Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey	City & State: New Port Richey
Zip: 34652 Country: Pasco	Zip: 34652 Country: Pasco

4. FEI Number: 59-2958896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWIHART, RONALD
3304 BLUESTONE AVE
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

Name: Peter Toce
Street Address (P.O. Box Number is Not Acceptable): 5122 Gulf Dr.
City: New Port Richey FL Zip Code: 34652

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: Peter R. Toce Peter Toce 1-24-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV	☐ Delete
NAME	SWIHART, JEFF	
STREET ADDRESS	3296 BLUESTONE AVE	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	FRO	☐ Delete
NAME	TOCE, PETER	
STREET ADDRESS	3296 BLUESTONE AVE	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Peter R. Toce Peter R. Toce 1-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-505 3461