

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90036 028 \*\*\*150.00

DOCUMENT # **15000003129**

1. Entity Name

**THE DAMES POINTE OF JACKSONVILLE, INC.**



Principal Place of Business

**318 SOUTHERN BRANCH LANE  
JACKSONVILLE FL 32259**

Mailing Address

**318 SOUTHERN BRANCH LANE  
JACKSONVILLE FL 32259**

2. Principal Place of Business - No P.O. Box #

**316 Bestwick Circle**

3. Mailing Address

**316 Bestwick Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Augustine FL**

City & State

**St. Augustine FL**

4. FEI Number **20-2147744**

Applied For

Not Applicable

Zip

**32092**

Country

**U.S.**

Zip

**32092**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAMES, TIMOTHY L  
318 SOUTHERN BRANCH LANE  
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name

**DAMES, Timothy L**

Street Address (P.O. Box Number is Not Acceptable)

**316 Bestwick Circle**

City

**St. Augustine**

FL

Zip Code

**32092**

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]* **TIM DAMES**

(NOTE: Registered Agent signature required when renouncing)

DATE

**4/26/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	DAMES, TIMOTHY L	
STREET ADDRESS	318 SOUTHERN BRANCH LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAMES, TIMOTHY L	
STREET ADDRESS	318 SOUTHERN BRANCH LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **Tim Dames**

**4/26/07**

**909-509-6807**

Date

Unrecorded Filing #