2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 291541

1. Entity Name
DAMARKA ENTERPRISES INC

Principal Place of Business	Mailing Address
8215 SUTTON PLACE, N. JACKSONVILLE, FL 32217	8215 SUTTON PLACE, N. JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

07032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1145686	Not Applicable

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

6. Name and Address of Current Registered Agent

BOSSEN, ROBERT H MR.
8215 SUTTON PLACE , N.
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BOSSEN, ROBERT H MR.
STREET ADDRESS	8215 SUTTON PLACE, N.
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VS
NAME	BOSSEN, NAOMIE MRS.
STREET ADDRESS	8215 SUTTON PL., N.
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000769463
07/19/07-80002-004 150.00

DO NOT WRITE IN THIS SPACE

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: *Robert H Bossen*   RobertH.Bossen   7/10/07   904-733-0881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #