

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90319 035 \*\*\*150.00

**DOCUMENT # 338961**

1. Entity Name  
**DAH ENTERPRISES, INC.**



Principal Place of Business  
**4549-B TAMiami TRAIL  
CHARLOTTE HARBOR, FL 33980-2915**

Mailing Address  
**P.O. BOX 510964  
PUNTA GORDA, FL 33951 US**

**00044316**



2. Principal Place of Business

**36241 Washington Loop Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**36241 Washington Loop Rd.**  
Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State

**Punta Gorda, FL**

Zip  
**33982**

Country  
**USA**

City & State

**Punta Gorda, FL**

Zip  
**33982**

Country  
**USA**

4. FEI Number

**59-0768345**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HILL, DAVID A  
4549-B TAMiami TRAIL  
CHARLOTTE HARBOR, FL 33950**

7. Name and Address of New Registered Agent

Name  
**Virginia H. Muth**  
Street Address (P.O. Box Number is Not Acceptable)  
**36241 Washington Loop Rd.**

City **Punta Gorda** FL Zip Code **33982**

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 **X Virginia H. Muth**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**X April 22, 2005**  
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 PD  
NAME **HILL, DAVID A. deceased** ☒ Delete  
STREET ADDRESS **4364 GUARD STREET**  
CITY-ST-ZIP **CHARLOTTE HARBOR, FL**

TITLE V  
NAME **EARNEST, JR. L. no longer involved** ☒ Delete  
STREET ADDRESS **2200 MYRTLE AVE**  
CITY-ST-ZIP **PUNTA GORDA, FL**

TITLE STD  
NAME **MUTH, VIRGINIA H.** ☒ Delete  
STREET ADDRESS **36241 WASHINGTON LOOP RD**  
CITY-ST-ZIP **PUNTA GORDA, FL**

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 **Muth, Virginia H. - PD** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **36241 Washington Loop Rd.**  
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE **Muth, Virginia H. - STD** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **36241 Washington Loop Rd.**  
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE **Sides, Dale - V** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **36241 Washington Loop Rd.**  
CITY-ST-ZIP **Punta Gorda, FL 33982**

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

TITLE ☐ Change ☐ Addition  
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: **X Virginia H. Muth**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X April 22, 2005**  
Date Daytime Phone #