


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 426617**  
1. Entity Name  
**DARL, INC.**



Principal Place of Business      Mailing Address  
**1040 HIGHWAY 17 NORTH**      **1040 HIGHWAY 17 NORTH**  
**BARTOW, FL 33830 US**      **BARTOW, FL 33830 US**

**DO NOT WRITE IN THIS SPACE**



01042006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1533007**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMITH, JANE W**  
**1816 3RD COURT S.E.**  
**WINTER HAVEN, FL 33880**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, WADE C. 1816 3RD COURT S.E. WINTER HAVEN, FL 338804416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JANE W. 1816 3RD COURT S.E. WINTER HAVEN, FL 338804416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOUSTON, JAMES E 6201 BANYAN TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80005-018 150.00

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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: Jane W Smith    JANE W, SMITH    863-533-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #