



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 516091</b> 1. Entity Name <b>DARROCH INCORPORATED</b>	
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Principal Place of Business <b>11883 HIGH TECH AVE ORLANDO, FL 32817 US</b>	Mailing Address <b>3252 LAKEVIEW OAKS DR. LONGWOOD, FL 32779 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01292004	No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-1698559</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DARROCH, D. GREGORY 3252 LAKEVIEW OAKS DRIVE LONGWOOD, FL 32779</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DARROCH, D. GREGORY 3252 LAKEVIEW OAKS DR. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DARROCH, ROBERT M. 2200 CENTURY PKWY NE 10TH FLOOR ATLANTA, GA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000053676 02/16/04-80140-022 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2-9-04</b> <small>Date</small>	<b>407-380-0444</b> <small>Daytime Phone #</small>
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