2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# 586476

Entity Name: DARSCO, INC.

Current Principal Place of Business:

120 STOCKTON ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

120 STOCKTON ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-1845915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ROBERT D
120 STOCKTON ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	SMITH, MARY ANNE,	
Address:	956 SANDPIPER LANE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	PD	( ) Delete
Name:	SMITH, ROBERT DONALD,	
Address:	956 SANDPIPER LANE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	D	( ) Delete
Name:	FOSTER, KATHRYN	
Address:	2789 RAVINES ROAD	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	S	( ) Delete
Name:	ALTER, ERIN L	
Address:	1792 MARGARETS WALK ROAD	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	VD	( ) Delete
Name:	SMITH, SEAN ROBERT V.	
Address:	9088 AGINCOURT LANE	
City-St-Zip:	JACKSONVILLE, FL 32257	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIN L ALTER S 02/15/2006

Electronic Signature of Signing Officer or Director — Date