

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006580

Entity Name: DARWIN INDUSTRIES, INC.

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

N HWY 169  
COFFEYVILLE, KS 67337

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 251  
COFFEYVILLE, KS 673370251

**New Mailing Address:**

FEI Number: 48-1169386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILEMAN, GARY T  
1107 WEST MARION AVENUE, STE. 112  
PUNTA GORDA, FL 33950 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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: PITTS, CARY D  
Address: P.O. BOX 251  
City-St-Zip: COFFEYVILLE, KS 673370251

Title: D  
Name: FROELICH, KELLY S  
Address: P.O. BOX 251  
City-St-Zip: COFFEYVILLE, KS 673370251

Title: S  
Name: PITTS, STEVE  
Address: P.O. BOX 251  
City-St-Zip: COFFEYVILLE, KS 673370251

I hereby 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 all other like empowered.

SIGNATURE: CARY D PITTS

PCD

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date