

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90125 045 ***150.00

DOCUMENT # F05000003922

1. Entity Name
DAWNING TECHNOLOGIES, INC.



Principal Place of Business
~~6140 MID METRO DRIVE, UNIT #5~~
FT. MYERS, FL 33966

Mailing Address
~~6140 MID METRO DRIVE, UNIT #5~~
FT. MYERS, FL 33966

2. Principal Place of Business - No P.O. Box #
8140 College Parkway

Suite, Apt. #, etc.
202

City & State
Ft. Myers FL

Zip
33919 Country
USA

3. Mailing Address
8140 College Parkway

Suite, Apt. #, etc.
202

City & State
Ft. Myers FL

Zip
33919 Country
USA



04222008 Chg-P CR2E034 (12/06)

4. FEI Number
16-1213623

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SELMYER, JOHN
~~6140 MID METRO DR UNIT #5~~
FT MYERS, FL 33942

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8140 College Parkway
202
City Ft. Myers FL Zip Code 33919

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4/22/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

PTC
SELMYER, JOHN
11490 COMPASS POINT DRIVE
FT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SELMYER, YVETTE
11490 COMPASS POINTE DR.
FORT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: John Selmyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/22/08

DAYTIME PHONE #
239.934.6004