


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F10107 1. Entity Name DARN COMPUTER SERVICES, INC.	
--	---

Principal Place of Business 350 WOODED VALLEY LANE C/O DOROTHY G KUTCHERA BURNSVILLE, NC 28714	Mailing Address 350 WOODED VALLEY LANE C/O DOROTHY G KUTCHERA BURNSVILLE, NC 28714
---	---



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2047632	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

KUTCHERA, NEIL J
500 NORTHWEST 104 AVENUE
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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	DS KUTCHERA, ROBERT 350 WOODED VALLEY LANE BURNSVILLE, NC 28714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUTCHERA, DOROTHY G 350 WOODED VALLEY LANE BURNSVILLE, NC 28714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLINT, ALISA K 1198 GAUGE'S CREEK RD SPRUCE PINE, NC 28777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUTCHERA, NEIL 500 NORTHWEST 104 AVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000591754
01/19/07-80035-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Dorothy G. Kutchera
Dorothy G. Kutchera

1/16/07 828/675-5148
Date Daytime Phone #