

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 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
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01082008 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 ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUTCHERA, NEIL J 500 NORTHWEST 104 AVENUE CORAL SPRINGS, FL 33071	
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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 _____ (Signature, typed or printed name of registered agent and title if applicable)	DATE _____ (NOTE: Registered Agent signature required when reinstating)

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
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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	

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U00000822297
02/19/08-80061-021 150.00

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: <u>Dorothy G. Kutchera</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/7/2008</u> Daytime Phone #: <u>828/675-5148</u>