

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10107

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: DARN COMPUTER SERVICES, INC.

## Current Principal Place of Business:

350 WOODED VALLEY LANE  
C/O DOROTHY G KUTCHERA  
BURNSVILLE, NC 28714

## New Principal Place of Business:

## Current Mailing Address:

350 WOODED VALLEY LANE  
C/O DOROTHY G KUTCHERA  
BURNSVILLE, NC 28714

## New Mailing Address:

FEI Number: 59-2047632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUTCHERA, NEIL J  
500 NORTHWEST 104 AVENUE  
CORAL SPRINGS, FL 33071 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: DS ( ) Delete  
Name: KUTCHERA, ROBERT,  
Address: 350 WOODED VALLEY LANE  
City-St-Zip: BURNSVILLE, NC 28714

Title: DP ( ) Delete  
Name: KUTCHERA, DOROTHY G,  
Address: 350 WOODED VALLEY LANE  
City-St-Zip: BURNSVILLE, NC 28714

Title: V ( ) Delete  
Name: FLINT, ALISA K  
Address: 1198 GAUGE'S CREEK RD  
City-St-Zip: SPRUCE PINE, NC 28777

Title: V ( ) Delete  
Name: KUTCHERA, NEIL,  
Address: 500 NORTHWEST 104 AVE  
City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change ( ) Addition  
Name: FLINT, ALISA K  
Address: 1198 GAUGE'S CREEK RD  
City-St-Zip: SPRUCE PINE, NC 28777

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

I hereby certify that the information supplied with this filing does not qualify 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: DOROTHY G. KUTCHERA

P

01/21/2009

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

\_\_\_\_\_  
Date