

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 045 ***158.75

DOCUMENT # F33440

1. Entity Name
DAG ARCHITECTS, INC.



40013330



02092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2073995

Applied For
Not Applicable

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

Principal Place of Business
**1223 AIRPORT ROAD
SUITE #104
DESTIN, FL 32541 US**

Mailing Address
**1223 AIRPORT ROAD
DESTIN, FL 32540 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32541

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, JACK D
289 BEACHVIEW DRIVE, NE
FORT WALTON BEACH, FL 32547**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **BLIMLING, SAMUEL W**
STREET ADDRESS **3655 SCENIC HIGHWAY 98, 701 B**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CLARY, CHARLES W III**
STREET ADDRESS **44 TRANQUILITY LANE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BAKER, JACK D**
STREET ADDRESS **289 BEACHVIEW DRIVE, NE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **BALLASCH, PATRICK L**
STREET ADDRESS **2441 DUNCAN DRIVE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **JOHNSON, ROBERT E**
STREET ADDRESS **513 RUE DE MAR SEILLES**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GODWIN, ROGER T**
STREET ADDRESS **22107 MARSH RABBIT RUN**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officers empowered.

SIGNATURE

Samuel W. Blimling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL W. BLIMLING

02.09.07 860.837.8152
Date Daytime Phone #