2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000003322

1. Entity Name
J. DARKIN, INC.

Principal Place of Business	Mailing Address
9109 CANBERLEY DRIVE TAMPA, FL 33647	9109 CANBERLEY DRIVE TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number 36-2846941	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ARKIN, JEROME
9109 CAMBERLEY DRIVE
TAMPA, FL 33647

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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.   (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	PCD
NAME	ARKIN, JEROME
STREET ADDRESS	9109 CANBERLEY DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	ARKIN, BETTY
STREET ADDRESS	9109 CANBERLEY DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80017-003 150.00

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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: _Jerome Arkin_ (JEROME ARKIN) PRES. 1/10/07 813-973-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #