

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004381

FILED
Apr 29, 2005
Secretary of State

Entity Name: DARK CORPORATION OF TN

Current Principal Place of Business:

502 W CAMPBELL RD
GOODLETTSVILLE, TN 370722910 US

New Principal Place of Business:

Current Mailing Address:

502 W CAMPBELL RD
GOODLETTSVILLE, TN 370722910 US

New Mailing Address:

FEI Number: 62-1607848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCELIN, KEVIN
2231 CORPORATE SQUARE BLVD.
JACKSONVILLE, FL 32246 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: P () Delete
Name: ANCELIN, KEVIN
Address: 1365 GROSVENORS SQUARE
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: ANCELIN, ANDRE
Address: 3385 AVALON COVRE DR E
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: COOK, DAVID J
Address: 408 RUSSELL ST
City-St-Zip: NASHVILLE, TN 37216

Title: S () Delete
Name: JOHNSON, RON
Address: 502 W CAMPBELL RD
City-St-Zip: GOODLETTSVILLE, TN 370722910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RON JOHNSON

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date