

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004381

**FILED**  
**Feb 16, 2011**  
**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:**

JOHNSON, RON T  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANCELIN, ANDRE G  
Address: 1320 SPARKLEBERRY CT  
City-St-Zip: SAINT JOHNS, FL 32259

Title: S  
Name: COOK, DAVID J  
Address: 757 DARDEN PLACE  
City-St-Zip: NASHVILLE, TN 37205

Title: T  
Name: JOHNSON, RON  
Address: 502 W CAMPBELL RD  
City-St-Zip: GOODLETTSVILLE, TN 370722910

I hereby 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 all other like empowered.

SIGNATURE: RON JOHNSON

T

02/16/2011

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

\_\_\_\_\_  
Date