


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H74091	
1. Entity Name DAGHER & SONS, INC.	

Principal Place of Business 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224	Mailing Address 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2660301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOUNA G. KHOURY 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000896880 04/25/08-80024-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAGHER, GEORGE G 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAGHER, JOSEPH G 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAGHER, SALAM 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAGHER, ZIAD 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, VALENTINA 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KHOURY, MOUNA G. 11775 MARCO BEACH DR. JACKSONVILLE, FL 32224

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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: 	4.8.08 (904) 998-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #