


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H89791 1. Entity Name DACCO/DETROIT OF FLORIDA, INC.	
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Principal Place of Business 741 DACCO DRIVE P.O. BOX 2789 COOKEVILLE, TN 38506 US	Mailing Address 741 DACCO DRIVE P.O. BOX 2789 COOKEVILLE, TN 38502-2789 US
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FILED

07 APR -4 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1258128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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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 Barbara A. Burke **Barbara A. Burke** **Special Assistant Secretary** 3-4-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SPENCE, ROBERT N. 3526 GRAMAR COOKEVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINN, THOMAS H 1751 LAKE COOK RD. STE 550 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07--01005--005 \*\*150.00

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: Tim Hill **Tim Hill** 3/28/07 931-528-7581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #