

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K54068

1. Entity Name
DAWS MANUFACTURING COMPANY, INC.



Principal Place of Business
**ELLYSON INDUSTRIAL PARK
8811 GROW DRIVE
PENSACOLA, FL 32514**

Mailing Address
**ELLYSON INDUSTRIAL PARK
8811 GROW DRIVE
PENSACOLA, FL 32514** US



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2922905

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAWS, H.C.
208 NORTHCLIFFE DRIVE
GULF BREEZE, FL 32561**

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DAWS, H.C.
208 NORTHCLIFFE DRIVE
GULF BREEZE, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCF
NOWAK, JAMES A
1804 SILAS CIRCLE
CANTONMENT, FL 32533**

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

U0000042388U
02/18/06-80025-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

James A. Nowak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. NOWAK

1/27/06

Date

850-478-3298
Daytime Phone #