

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 13 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2922905

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

500093705655  
03/19/07--01002--012 \*\*\*408.75

## 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

850-478-3298

Daytime Phone #