

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L54949

1. Entity Name  
DARICK, INC.



Principal Place of Business  
1432 ST JOHNS BLUFF  
JACKSONVILLE, FL 32225 US

Mailing Address  
1432 ST JOHNS BLUFF  
JACKSONVILLE, FL 32225 US

**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**



07302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3002161

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENBERGER, C. DARYL  
1432 ST JOHNS BLUFF RD N  
JACKSONVILLE, FL 32225

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSENBERGER, C. DARYL
STREET ADDRESS	12752 SHINNECOCK
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	EVP
NAME	SAUM, RICHARD W.
STREET ADDRESS	12919 HUNTLEY MANOR DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	WILLIS, RICHARD
STREET ADDRESS	7500 S COUNTY RD 125
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	VP
NAME	HAWKS, JAMES
STREET ADDRESS	PO BOX 1624 N/A
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000958069  
08/21/08-80001-019 150.00

**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:** Daryl Rosenberger 7-30-08 904-923-5197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #