2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L61589

1. Entity Name
DARUCE, INC.

Principal Place of Business	Mailing Address
4621 BAYSHORE N FORT MYERS, FL 33917 US	4621 BAYSHORE RD. NORTH FORT MYERS, FL 33917

DO NOT WRITE IN THIS SPACE

01262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0181813	Not Applicable

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

6. Name and Address of Current Registered Agent

VANDERVEEN, BRUCE
4621 BAYSHORE RD
N FORT MYERS, FL 33917

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VANDERVEEN, BRUCE
STREET ADDRESS	4621 BAYSHORE ROAD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	DV
NAME	VANDERVEEN, DARLENE
STREET ADDRESS	4621 BAYSHORE ROAD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Bruce Vanderveen_   4/5/05   239-656-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #