

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L65260

1. Entity Name
DACO ENTERPRISES, INC.



Principal Place of Business
**P.O. BOX 54
CANTONMENT, FL 32533**

Mailing Address
**P.O. BOX 54
CANTONMENT, FL 32533 US**



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3011876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAFT, SHIRLEY C
590 EARL GENE RD
CANTONMENT, FL 32533**

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	D TAFT, SHIRLEY C. 590 EARL GENE RD. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, SANDRA E. 570 EARL GENE RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, SHARON Y. 580 EARL GENE ROAD CANTONMENT, FL
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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02/11/05-80027-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-8-05

Date

(850)968-6261

Daytime Phone #