

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90050 020 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 2020 Chavers Rd.		3. Mailing Address 11023 Willingham DR SW	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CANTONMENT, FL		City & State Huntsville, AL	
Zip 32533	Country US	Zip 35803	Country US
4. FEI Number 59-3011876		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAFT, SHIRLEY C 590 EARL GENE RD CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name David E. Dubose Street Address (P.O. Box Number is Not Acceptable) 2020 Chavers Rd. City CANTONMENT FL Zip Code 32533	
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 <u>X David E Dubose</u> 2-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAFT, SHIRLEY C. 590 EARL GENE RD. CANTONMENT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Taft Shirley C. 2504 GALAHAD DR SE Huntsville, AL 35803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, SANDRA E. 570 EARL GENE RD CANTONMENT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dubose, Sandra E. 56 ALAN ST. Lacey's Spring, AL 35754 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, SHARON Y. 11023 WILLINGHAM DR SW HUNTSVILLE, AL 35803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dubose, David E. 2020 Chavers Rd. CANTONMENT, FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sharon Dubose</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-15-07 (256)881-8848 <small>Date Daytime Phone #</small>	