

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90003 008 ***150.00

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1. Entity Name
DA TAFT & ASSOCIATES, INC.



Principal Place of Business
701 LAKE AVENUE
MAITLAND, FL 32751

Mailing Address
PO BOX 8043
MAITLAND, FL 32751

50021843



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3623538

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INCORVIA, JOHN ESQ.
655 NW 128 STREET
MIAMI, FL 33168

**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
Due by September 6, 2006**

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	PTSD
NAME	TAFT, DARRELL
STREET ADDRESS	701 LAKE AVE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	Taft, Darrell ALL offices
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

7/5/06 (407) 644-6122

Date

Daytime Phone #