


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90019 027 \*\*\*150.00

<b>DOCUMENT # P00000036684</b> 1. Entity Name DAG BROS., INC.	
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Principal Place of Business 2840 WEST BAY DRIVE NO. 135 BELLEAIR BLUFFS, FL 33770 US	Mailing Address 2840 WEST BAY DRIVE NO. 135 BELLEAIR BLUFFS, FL 33770 US
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94052024



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3651394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARRIS, CHARLES M  
101 EAST KENNEDY BLVD.  
SUITE 2700  
TAMPA, FL 33602

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

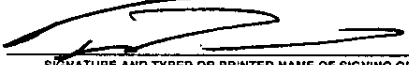
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**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 DAGOSTINO, FRANK 1751 CHARITY DRIVE BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGOSTINO, ANTHONY 204 HARBORVIEW LANE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGOSTINO, JOSEPH J 2840 W. BAY DRIVE, SUITE 334 BELLEAIR BLUFFS, FL 33770
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 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:**  **4/12/04** **615 3708492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #