


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90001 028 \*\*\*150.00

<b>DOCUMENT # P00000044569</b> 1. Entity Name <b>DARTEK TECHNOLOGY, INC.</b>					
Principal Place of Business <b>63 TALLWOOD RD. JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>63 TALLWOOD RD. JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business <b>48 CILEWOOD COURT</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>JACKSONVILLE BEACH, FL</b>			City & State		
Zip <b>32250</b>		Country <b>US</b>		4. FEI Number <b>59-3643360</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MCGRATH, DARLENE 63 TALLWOOD RD. JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent Name <b>DARLENE M. STRICKLAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>48 CILEWOOD COURT</b> City <b>JACKSONVILLE BEACH FL</b> Zip Code <b>32250</b>		
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><i>Darlene M. Strickland</i></u> DATE: <u>1-9-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRATH, DARLENE 63 TALLWOOD RD. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DARLENE M. STRICKLAND 48 CILEWOOD COURT JACKSONVILLE BEACH, FL 32250
		<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	VICE PRESIDENT KEVIN L STRICKLAND 48 CILEWOOD COURT JACKSONVILLE BEACH, FL 32250
		<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			
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 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: <u><i>Darlene M. Strickland</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-9-05</u>		Daytime Phone #: <u>904 654 6408</u>

**50001593**



01042005 Chg-P CR2E034 (10/03)