

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90055 041 ***150.00

DOCUMENT # P00000092529

1. Entity Name

DACA INTERNATIONAL, INC.



Principal Place of Business

5 PALM ROW
ST AUGUSTINE FL 32084

Mailing Address

3670 US 1 SOUTH
STE 290
SAINT AUGUSTINE FL 32086

94033710



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3688039**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGLER, KENNETH D
5 PALM ROW
ST AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALVEN, DAN**
STREET ADDRESS **5 PALM ROW**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **JONES, RANDOLPH F**
STREET ADDRESS **5 MOULTRIE CREEK CIR**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

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STREET ADDRESS **---**
CITY-ST-ZIP **---**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **---** ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE **---** ☐ Change ☐ Addition
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STREET ADDRESS **---**
CITY-ST-ZIP **---**

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: **RANDOLPH F JONES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

Date

(904) 829-3761

Daytime Phone #