

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000007606

1. Entity Name  
DAC ENTERPRISES OF TAMPA, INC.



Principal Place of Business  
6218 IMPERIAL KEY  
TAMPA, FL 33615

Mailing Address  
6218 IMPERIAL KEY  
TAMPA, FL 33615



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3732596

Applied For  
Not Applicable

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

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

LASH, RICK  
27740 ARLINGTON RD.  
WESLEY CHAPEL, FL 33544

**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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U00000579266  
01/09/07-80062-022 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LASH, ROBIN  
STREET ADDRESS 27740 ARLINGTON RD.  
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE VD  
NAME LASH, RICK  
STREET ADDRESS 27740 ARLINGTON RD.  
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE SD  
NAME LASH, GARY  
STREET ADDRESS 6218 IMPERIAL KEY  
CITY-ST-ZIP TAMPA, FL 33615

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

Date

Daytime Phone #