

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 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



01032008 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

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000844038
03/12/08-80019-017 158.75

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

Date

813-376-6048

Daytime Phone #