



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90468 042 \*\*\*150.00

<b>DOCUMENT # P01000020176</b> 1. Entity Name <b>DAC SERVICES, INC.</b>					
Principal Place of Business <b>5317 FRUITVILLE RD SARASOTA, FL 34232</b>				Mailing Address <b>5317 FRUITVILLE RD SARASOTA, FL 34232</b>	
2. Principal Place of Business <b>3601 HUDSON LANE</b>		3. Mailing Address <b>3601 HUDSON LANE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04272005    Chg-P    CR2E034 (10/03)	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>65-1081648</b>	
Zip <b>33618</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHESEBROUGH, PAMELA H 11740 CURRI LANE LARGO, FL 33774</b>				7. Name and Address of New Registered Agent Name <b>DAVID CLARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3601 HUDSON LANE</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33618</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>[Signature]</i></u> (PRESIDENT) <u>DJ CLARK</u> DATE _____ <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	<b>D CLARK, DAVID J 5317 FRUITVILLE RD SARASOTA, FL 34232</b>	<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
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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>[Signature]</i></u> <b>D.J. CLARK</b>			4/27/05    813 758 9253		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		