

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90310 011 ***150.00

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04262004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000040496 1. Entity Name DARNOTT ENTERPRISES, INC.			
Principal Place of Business 5283 IMASES CIRCLE #207 KISSIMMEE, FL 34746		Mailing Address 5283 IMASES CIRCLE #207 KISSIMMEE, FL 34746	
2. Principal Place of Business 333 N. ATLANTIC AVE. Suite, Apt. #, etc. # 444		3. Mailing Address 333 N. ATLANTIC AVE. Suite, Apt. #, etc. 444	
City & State Cocoa Beach, FLA.		City & State Cocoa Beach, FLA.	
Zip 32931		Zip 32931	
Country Brevard		Country Brevard	
6. Name and Address of Current Registered Agent DARNOTT, RAY 5283 IMASES CIRCLE #207 KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 N. ATLANTIC AVE. City Cocoa Beach, FL Zip Code 32931	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNOTT, RAY 333 N. ATLANTIC AVE. #444 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNOTT, RAY 333 N. ATLANTIC AVE. #444 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	