2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2004 08:00 AM DOCUMENT # P01000052174 **Secretary of State** 1. Entity Name THE DAO'S JUNIOR, INC. Mailing Address Principal Place of Business 919 LITHIA PINE CREST ROAD BRANDON FL 33511 919 LITHIA PINE CREST ROAD **BRANDON FL 33511** 3. Mading Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3727610 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUNIOR INC, THE DAOS 919 LITHIA PINE CREST RD Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE ☐ Delete TITLE NAME NAME DAO, TO N 919 LITHIA PINE CREST ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY ST-ZIP Delete TITLE Change Addition TITLE DAO, BAO Q NAME NAME STREET ADDRESS 919 LITHIA PINE CREST ROAD STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Addition ☐ Change Delete TITLE TILE NAME NAME U00000074517 03/03/04-80022-015 150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete 71T) 5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Commission | Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 turther 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.

FILED