

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000092656

1. Entity Name  
DACO WORLDWIDE MARKETING CORP.



Principal Place of Business  
2771-29 MONUMENT ROAD  
#244  
JACKSONVILLE, FL 32225

Mailing Address  
2771-29 MONUMENT ROAD  
#244  
JACKSONVILLE, FL 32225

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
22-3828258

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

DONALDSON, TAWANDA K  
12856 SOUTHERN HILLS CIRCLE E  
JACKSONVILLE, FL FL

**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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DONALDSON, HUGO R
STREET ADDRESS	12856 SOUTHERN HILLS CIRCLE E
CITY- ST- ZIP	JACKSONVILLE, FL 32225
TITLE	V
NAME	DONALDSON, TAWANDA K
STREET ADDRESS	12856 SOUTHERN HILLS CIRCLE E
CITY- ST- ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000163851  
07/07/04-80025-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

HUGO Donaldson

7-204 (904) 642-8338

Date

Daytime Phone #