

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90062 032 \*\*\*150.00

**DOCUMENT # P01000121013**

**1. Entity Name**  
**DAHER CONTRACTING INC.**



**Principal Place of Business**  
**786 N. BEAL PKWY**  
**3B**  
**FT. WALTON BEACH, FL 32547**

**Mailing Address**  
**786 N. BEAL PKWY**  
**3B**  
**FT. WALTON BEACH, FL 32547**



04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0595100**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

**DAHER, ESTEPHAN**  
**786 N. BEAL PKWY**  
**FT. WALTON BEACH, FL 32547**

**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**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**P**  
**NAME**  
**DAHER, ESTEPHAN**  
**STREET ADDRESS**  
**786 N. BEAL PKWY**  
**CITY-ST-ZIP**  
**FT. WALTON BEACH, FL 32547**

**TITLE**  
**VP**  
**NAME**  
**Elie N. Tannous**  
**STREET ADDRESS**  
**786 N. Beal Pkwy Suite 3B**  
**CITY-ST-ZIP**  
**Ft. Walton Beach FL 32547**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 like empowered.**

**SIGNATURE:**

*Stephan M. Daher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-07 850-863-3993**  
Date Daytime Phone #