2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2008 08:00 AN Secretary of State **DOCUMENT # P02000028559** 1. Entity Name DAX ENTERPRISES, INC. Principal Place of Business Mailing Address 1750 J & C BOULEVARD 1750 J & C BOULEVARD SUITE 2 SUITE 2 NAPLES, FL 34109 NAPLES, FL 34109 No Cha-P 01042008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0565722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YOKE, KENA M 1750 J+C BLVD, #2 NAPLES, FL 34109 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITI F **PVST** NAME YOKE, KENA M 1750 J & C BOULEVARD, SUITE 2 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 01/09/08-80057-018 150:00 n TITLE YOKE, KENA M NAME STREET ADDRESS 1750 J & C BOULEVARD, SUITE 2 CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Yoke	<u>'</u>	7/08	239 592-7211
SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR	,	Date	Daytime Phone ≢
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