

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000047096

1. Entity Name
DAM CARS, INC.



Principal Place of Business
3855 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32310

Mailing Address
3855 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32310

FILED

04 APR 30 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0434590

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARLAR, DENNIS
3855 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32310

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400035821904
05/10/04--01078--024 **150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARLAR, DENNIS
STREET ADDRESS 3855 CRAWFORDVILLE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE
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CITY-ST-ZIP

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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 #