

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # PD20000047096

1. Entity Name

DAM CAR, INC



FILED

2007 MAY -2 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3855 Crawfordville Rd
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

900102213579
05/11/07--01030--017 **150.00

CR2E034B (8/05)

City & State

2007 71
3855

Country

FL

City & State

Same

Country

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**

7. Name and Address of Current Registered Agent

Name

Maria, Dennis

Street Address (P.O. Box Number is Not Acceptable)

3855 Crawfordville Rd

City

Tallahassee FL

Zip Code

3855

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

X
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-07

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
Maria, Dennis
3855 Crawfordville Rd
Tallahassee FL 3855

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-07

1855
671-2100