## 2008 FOR PROFIT CORPORATION ANNUAL REPORT FILED

DOCUMENT # P02000047096					[		J		
1. Entity Name DAM CARS, INC.					2000 4	PR 23 AM	0.26		
					Z006 A	rn CJ Am	9. 20		
Principal Place		Mailing Address			SECR	ETARY OF S HASSEE, FL	TATE		
3855 CRAWFORDVILLE RD. Tallahassee, FL 32310		3855 CRAWFORDVILLE RD. Tallahassee, FL 32310		IALLA	HASSEE, FL	.URIUA			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				881  E   3   03    83    83	!		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008	Chg-P	CR2E034 (	(12/06)		
City & State		City & State		4. FEI Number 03-0434590				plied For Applicable	
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		.75 Addi Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R			
MARLAR, DENNIS				Name .					
3855 CRA\	WFORDVILLE RD. SSEE, FL 32310			Street Address (P.O. Box Number is Not Acceptable)					
TALLATIA									_
				City			FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing it	ts registere	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. I am fami	liar with, a	and accept
SIGNATURE_									1/1
	Signature, typed or printed name of registered agr	ent and title if applicable. (NC	TE: Registered	d Agent signature requir	ed when reinstating)	<del></del>	DATE		-MV
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Camp Trust Fund Cor		icing \$	5.00 May Be ided to Fees				44
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLAR, DENNIS 3855 CRAWFORDVILLE RD. TALLAHASSEE, FL 32310	☐ Delete	NAMÉ STRE	1	04/23.	%±855	26185 001 *	Change *150.	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		,		] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>				Change	Addition
indicated of the cor	certify that the information supplied was a supplied was a supplemental report or supplemental report poration or the receiver or thustee er, or on an attachment with an address	t is true and accurate and tha apowered to execute this repo	it my signa ort as requi	emptions contain- ture shall have th- ired by Chapter 6	ed in Chapter 119 e same legal effec 07, Florida Statute	), Florida Statutes. ct as if made under es; and that my nam	I further certify oath; that I am ne appears in B	that the ir an officer lock 10 or	nformation or director Block 11 if
SIGNAT	URF. Ktmm	15/1/an. Vo	2		L	112310	)S		
CICITAL	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	TOR		Date	Daytir	ne Phone #	