


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000047745

1. Entity Name
DAK CONTROLS, INC.



Principal Place of Business
**2430 VANDERBILT BEACH RD
 108 BOX 177
 NAPLES, FL 34109**

Mailing Address
**2430 VANDERBILT BEACH RD
 108 BOX 177
 NAPLES, FL 34109**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3646744

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOROWSKI, DAVID T
 6061 CYPRESS HOLLOW WAY
 NAPLES, FL 34109**

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 _____ (NOTE: Registered Agent signature required when reactivating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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	P BOROWSKI, JASON D 6061 CYPRESS HOLLOW WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOROWSKI, DAVID T 6061 CYPRESS HOLLOW WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOROWSKI, AARON P 6061 CYPRESS HOLLOW WAY NAPLES, FL 34109
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 02/15/08-80049-025 150.00

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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, and I am authorized 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 authority with all other like empowered.

SIGNATURE: David Borowski DAVID BOROWSKI 2/5/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #