2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053898

1. Entity Name
DAR ONE CORP.

Principal Place of Business	Mailing Address
1802 LAKE OSBORNE DR LAKE WORTH, FL 33461	1802 LAKE OSBORNE DR LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

03292004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
82-0543364		Not Applicable
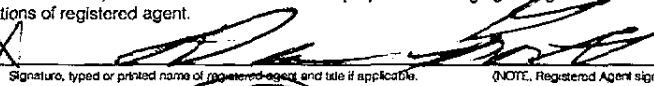
5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORT, DARWIN
1802 LAKE OSBORNE DR
LAKE WORTH, FL 33461

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

U00000100999
04/01/04-80030-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	FORT, DARWIN
STREET ADDRESS	1802 LAKE OSBORNE DR.
CITY-ST-ZIP	LAKE WORTH, FL 33461

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Darwin Fort_ 3-28-04 954-629-3257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #