

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000082029	
1. Entity Name DARTON SERVICES, INC.	

Principal Place of Business 8209 N PINE ISLAND ROAD #50 TAMARAC, FL 33321	Mailing Address 8209 N PINE ISLAND ROAD #50 TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



01222006 No Chg-F CR2E034 (11/05)

4. FEI Number 27-0024627	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRACOLICI, ANTHONY 8209 N PINE ISLAND ROAD #50 TAMARAC, FL 33321
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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, 2006 Fee will be \$350.00**

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	VO CRACOLICI, ANTHONY 7301 NW 21ST ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRACOLICI, DARLENE E 7301 NW 21ST ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRACOLICI, MICHAEL A 7301 NW 21ST ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRACOLICI, DORIAN D 7301 NW 21ST ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/06-80067-002 158.75

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IN THIS SPACE**

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 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: Anthony Cracolici **Anthony Cracolici** 1/23/06 954-977-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Operating Phone #