

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000107106

1. Entity Name
DVORAK-DVORAK, INC.



Principal Place of Business
404 OCEAN DUNES RD
DAYTONA BEACH, FL 32118-4914

Mailing Address
404 OCEAN DUNES RD
DAYTONA BEACH, FL 32118-4914



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0465432

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORTON, JOHN S JR
431 N GRANDVIEW AVE
DAYTONA BEACH, FL 32118

**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 reconstituting)

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

1100000877638

04/14/08-80022-015-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DVORAK, PHILIP A
STREET ADDRESS	4936 S. PENINSULA DR
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	D
NAME	DVORAK, MATTHEW A
STREET ADDRESS	404 OCEAN DUNES RD
CITY-ST-ZIP	DAYTONA BEACH, FL 321184914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/808 (38) 547 6067

Date

Daytime Phone #