## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # P02000114843** 04-14-2005 90106 012 \*\*\*150.00 1. Entity Name DAGHER DEVELOPMENT & RESEARCH, INC. Principal Place of Business Mailing Address 20033189 12315 BENTON HARBOR DRIVE SOUTH 12315 BENTON HARBOR DRIVE SOUTH JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 2. Principal Place of Business 3. Mailing Address 11775 MARCO BEACH DRIVE 1775 MARCO BOACH DUTE 04042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Actsonville. 42-1560937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAGHER, JOSEPH G 12315 BENTON HARBOR DRIVE SOUTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32225 -City Zip Code 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 riams of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition DAGHER, JOSEPH G NAME NAME STREET ADDRESS 12315 BENTON HARBOR DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. SELL CONTROL OF SIGNING OFFICER OR DIRECTOR

**FILED**