## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P03000013873** 05-01-2006 90330 020 \*\*\*150.00 DADPM, INC. Mailing Address Principal Place of Business quu (cevi 3916 LAUREL RANCHWAY 3916 LAUREL RANCHWAY LAKELAND, FL 33809 LAKELAND, FL 33809 3. Mailing Address 2. Principal Place of Business 685 BERKLY POINTE DR 685 BERKLY POINTE DE 04152006 CR2E034 (11/05) Chg-P Applied For 4. FÉI Number 4ubuRNdALE JuburndaLE 06-1675632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired WSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEADOWS, AUDREY Street Address (P.O. Box Number is Not Acceptable) 3916 LAUREL RANCH DRIVE LAKELAND, FL 33809 Auburndale 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 hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete MEADOWS, AUDREY NAME NAME 685 BERKLY POINTE DR. STREET ADDRESS 3916 LAUREL RANCH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND, FL 33809 AUBURNDALE FC 33823 Change TITLE ☐ Delete TITLE ☐ Addition NAME MEADOWS, DANIEL NAME 685 BERKLY POINTE DR. 3916 LAUREL RANCH DR STREET ADDRESS STREET ADDRESS LAKELAND, FL 33809 CITY-ST-ZIP CITY-ST-ZIP Auburndale FL 33823 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

**FILED**