

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000106298

1. Entity Name  
DART DISTRIBUTORS INC.



Principal Place of Business  
5472 N.W. EMPRESS CIRCLE  
PORT SAINT LUCIE, FL 34983 US

Mailing Address  
5472 N.W. EMPRESS CIRCLE  
PORT SAINT LUCIE, FL 34983 US



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
20-0256281

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BLATCHFORD, DAVID T  
5472 N.W. EMPRESS CIRCLE  
PORT SAINT LUCIE, FL 34983

**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

*David T. Blatchford* VP

4/14/06

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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P.S.  
NAME BLATCHFORD, DAVID T  
STREET ADDRESS 5472 N.W. EMPRESS CIRCLE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE VP, T  
NAME BLATCHFORD, ROBIN A  
STREET ADDRESS 5472 N.W. EMPRESS CIRCLE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE  
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CITY-ST-ZIP

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000000528225  
05/05/06-80029-021 150.00

**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 807, 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:

*David T. Blatchford* VP

4/14/06 7725284972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #