

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113994

Entity Name: DAPRI SERVICES, INC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

514 SAN LUIZ AVENUE  
CLEWISTON, FL 33440

## New Principal Place of Business:

333 COMMERCIO ST.  
CLEWISTON, FL 33440

## Current Mailing Address:

PO BOX 1540  
CLEWISTON, FL 33440

## New Mailing Address:

PO. BOX. 1540  
CLEWISTON, FL 33440

FEI Number: 14-1897486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONILLA, ISMAEL  
514 SAN LUIZ AVENUE  
CLEWISTON, FL 33440 US

## Name and Address of New Registered Agent:

BONILLA, ISMAEL  
333 COMMERCIO ST.  
CLEWISTON, FL 33440 US

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.

SIGNATURE: PSD ISMAEL BONILLA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BONILLA, ISMAEL  
Address: 514 SAN LUIZ AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Title: TD (X) Delete  
Name: BONILLA, RAUL  
Address: 514 SAN LUIZ AVENUE  
City-St-Zip: CLEWISTON, FL 33440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISMAEL BONILLA

PSD

04/30/2009

Electronic Signature of Signing Officer or Director

Date