## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 28, 2006 8:00 am Secretary of State

04-12-2006 90086 024 \*\*\*150.00

1. Entity Name DRAGONFLY ACRES, INC
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DOCUMENT # P03000153173

Principal Place of Business

Mailing Address

739 GEORGETOWN DENVER RD CRESCENT CITY, FL 32112

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66012936



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

03102006	No Chg-P	CR2E034 (11/05)	

4. FEI Number 54-2145707 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HAENFLER, JAMES A 20 N. SUMMIT STREET CRESCENT CITY, FL 32112

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

<ol> <li>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.</li> </ol>							
SIGNATURE_	Signature, typed or printed rigims of registered agent and title	(Lappicable, (NOTE: Registers	d Agent agniture	required when renauting)	DATE		
FILE NOW!!! FEE 13 \$130.00  After May 1, 2006 Fee will be \$350.00  9. Election Campaign Financing Trust Fund Contribution.   35.00 May Be Added to Fees							
10.	OFFICERS AND DIRECT	CTORS	]				
TITLE NAME STREET ADDRESS CITY+ST-ZP	D DUTCH, ROBERT 525 FRANCES TERRACE DAYTONA BEACH, FL 32118						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE HAME STREET ADDRESS CITY-ST-ZIP			_	_	;		
12. Thereby 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachaged with an address, with all other like empowered.							

NAME OF SIGNING OFFICER OR DIRECTOR