2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # P04000017923** 04-27-2005 90354 018 ***150.00 1. Entity Name DAINKMAN, INC. Principal Place of Business Mailing Address 20049433 4407 PEBBLE BROOK DRIVE 4407 PEBBLE BROOK DRIVE JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 3. Mailing Address 2. Principal Place of Business <u>8608 Baymeaoows Ko</u> Suite, Apt. #, etc Suite, Apt. #, etc. 04152005 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 200658477 JACK SONVII Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name HILL, DEBRA S Street Address (P.O. Box Number is Not Acceptable) 8810-C GOODBY'S EXECUTIVE DRIVE JACKSONVILLE, FL 32217 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 name of registered agent and tible if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME DEWITT, C. WAYNE NAME 4407 PEBBLE BROOK DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE 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 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ 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-7IP 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 expowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

FILED

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