

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053227

Entity Name: DAVID O., INC.

FILED  
Feb 15, 2008  
Secretary of State

**Current Principal Place of Business:**

2300 SW 28 STREET  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 331615  
COCONUT GROVE, FL 332331615

**New Mailing Address:**

FEI Number: 20-0882326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARCUS-STANLEY, CAROL  
2300 SW 28TH ST  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ODISHOO, DAVID J  
Address: P O BOX 331615  
City-St-Zip: COCONUT GROVE, FL 332331615

Title: SD ( ) Delete  
Name: MARCUS-STANLEY, CAROL  
Address: P O BOX 331615  
City-St-Zip: COCONUT GROVE, FL 332331615

**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: DAVID J ODISHOO

PRES

02/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date