

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000098299

1. Entity Name
DARNELL & ASSOCIATES, INC.



Principal Place of Business
214 DOGWOOD FOREST ROAD
CRAWFORDVILLE, FL 32327

Mailing Address
214 DOGWOOD FOREST ROAD
CRAWFORDVILLE, FL 32327



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1304587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

RICHARD A. GLOVER, C.P.A., P.A.
1809 MICCOSUKEE COMMONS DRIVE, SUITE 108
TALLAHASSEE, FL 32308

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DARNELL, GORDON T
STREET ADDRESS	214 DOGWOOD FOREST ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	D
NAME	DARNELL, BOBBY R
STREET ADDRESS	343 BOB MILLER ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 empowered.

SIGNATURE: *Gordon T. Darnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon T. Darnell

4/23/2008

Date

Daytime Phone #