

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90527 020 ***150.00

DOCUMENT # P04000158972 1. Entity Name DETAIL DAVE, INC.			
Principal Place of Business 2110 BELLA VISTA WAY PORT ST. LUCIE, FL 34952 US		Mailing Address 2110 BELLA VISTA WAY PORT ST. LUCIE, FL 34952 US	
2. Principal Place of Business		3. Mailing Address Detail Dave Inc. Suite, Apt. #, etc. PO Box 7804 City & State Port St Lucie Florida Zip 34985-7804 Country USA	
Suite, Apt. #, etc.		4. FEI Number 20-2003959	
City & State		Applied For Not Applicable	
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		04182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MALIGLOWKA, CLAUDINE 2110 BELLA VISTA WAY PORT ST. LUCIE, FL 34952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MALIGLOWKA, CLAUDINE 2110 BELLA VISTA WAY PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MALIGLOWKA, CLAUDINE 2110 BELLA VISTA WAY PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MALIGLOWKA, CLAUDINE 2110 BELLA VISTA WAY PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerers.			
SIGNATURE: <i>Claudine Maliglowka</i>		4-27-05 772 408-3500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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