

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000165902

1. Entity Name
DAD APPROVED, INC.



Principal Place of Business
661 LONGMEADOW CIRCLE
LONGWOOD, FL 32779

Mailing Address
661 LONGMEADOW CIRCLE
LONGWOOD, FL 32779



05232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2062871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIGLIO-BENKIRAN, MICHELE ESQ.
1999 WEST COLONIAL DRIVE
204
ORLANDO, FL 32804

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULP, KEVIN 661 LONGMEADOW CIR LONGWOOD, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE-FULP, SUSANNAH 661 LONGMEADOW CIR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEVANEY, JENNIFER 9414 SOMBRERO AVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, BRETT 3518 SHIRLEY DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000566725
06/05/06-80005-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer DeVarey

5-1-06

407 298 7404

Date

Daytime Phone