

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000034358

1. Entity Name
SARA'S DAC INTERIORS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 15 PM 1:33

Principal Place of Business
510 CRESTOVER DRIVE
TEMPLE TERRACE, FL 33617

Mailing Address
510 CRESTOVER DRIVE
TEMPLE TERRACE, FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number

20-2066758

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, SARA J
510 CRESTOVER DRIVE
TEMPLE TERRACE, FL 33617

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME COHEN, SARA J
STREET ADDRESS 510 CRESTOVER DRIVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE ☐ Change ☐ Addition
NAME 400075111204
STREET ADDRESS 05/24/06--01005--012 **150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME COHEN, MARTIN DR.
STREET ADDRESS 510 CRESTOVER DRIVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Sara J. Cohen Sara J. Cohen

Date

Daytime Phone #

4/11/06 813-985-4515