


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90206 037 \*\*\*150.00

**DOCUMENT # P05000044704**

1. Entity Name  
**DARCO ENTERPRISES, INC.**



Principal Place of Business Mailing Address

**THE HOUSE OF MAIL & PACK AND SEND** **COSTELLO & ROYSTON**  
**9131 COLLEGE PARKWAY, #B13** **P.O. DRAWER 60205**  
**FORT MYERS, FL 33919** **FORT MYERS, FL 33906**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

**9131 COLLEGE PARKWAY** **JOHN M. WICKER, P.A.**  
 Suite, Apt. #, etc. Suite, Apt. # **STE 155** **c/o**


City & State City & State

**FORT MYERS** **FORT MYERS, FL 33906**

Zip Country Zip Country

**33919** Country

00000000



01182008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
**26-0110211** Not Applicable

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

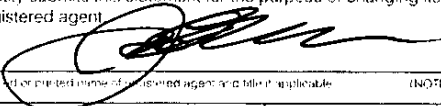
6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D ESQ.**  
**COSTELLO & ROYSTON**  
**12670 NEW BRITTANY BLVD., SUITE 101**  
**FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **JOHN M. WICKER, P.A.**  
 Street **12670 NEW BRITTANY BLVD., STE 101**  
 City **FORT MYERS, FL 33907**  
 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:  DATE: \_\_\_\_\_

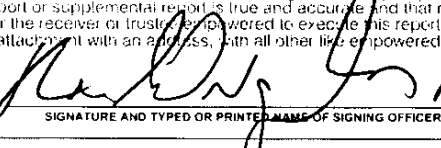
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for a corporation)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, RICHARD D</b>	NAME	
STREET ADDRESS	<b>11245 BOARDWALK PLACE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>FORT MYERS, FL 33908</b>	CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, DEBORAH S</b>	NAME	
STREET ADDRESS	<b>11245 BOARDWALK PLACE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>FORT MYERS, FL 33908</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:  **RICHARD D GRAHAM** 4/15/08 239-433-7711  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**