

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000106406**

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



Principal Place of Business  
**3510 CHERRY PALM DR.  
 TAMPA, FL 33619 US**

Mailing Address  
**P.O BOX 85  
 MANGO, FL 33550 US**



02272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3814201** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICE, DAVID P  
 4604 MARCIA OAKS LN.  
 DOVER, FL 33527**

**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: *David P. Rice* *David P. Rice, Pres.* **IGNORE - DPR** *3-29-07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, DAVID P 4604 MARCIA OAKS LN. DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, CHRISTOPHER 4604 MARCIA OAKS LANES DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/09/07-80039-002 150.00

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: *David P. Rice* *David P. Rice, Pres.* *3-29-07* *813-841-8257*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #