## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012476

Entity Name: DAC OPERATIONS OF FLORIDA, INC.

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

946 SHADICK DRIVE 1335 SARATOGA STREET ORANGE CITY, FL 32763 DELAND, FL 32724

Current Mailing Address: New Mailing Address:

946 SHADICK DRIVE 1335 SARATOGA STREET ORANGE CITY, FL 32763 DELAND, FL 32724

FEI Number: 20-4251648 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUELLER, TOM
946 SHADICK DRIVE
ORANGE CITY, FL 32763 US

MUELLER, TOM
1335 SARATOGA STREET
DELAND, FL 32724 US

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.

SIGNATURE: THOMAS MUELLER 04/09/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MUELLER, TOM
 Name:
 MUELLER, TOM

 Address:
 946 SHADICK DRIVE
 Address:
 1335 SARATOGA STREET

City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: DELAND, FL 32724

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: BODOH, DAN Name: BODOH, DAN

Address: 946 SHADICK DRIVE Address: 1335 SARATOGA STREET City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MUELLER PRES 04/09/2007