2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCÚMENT # P06000055064

DASHER DEVELOPMENT CORPORATION



FILED Jan 09, 2008 08:00 Al **Secretary of State**

Principal Place of Business 8220 LEO KIDD AVE. PORT RICHEY, FL 34668 Mailing Address 8220 LEO KIDD AVE. PORT RICHEY, FL 34668



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-4718008 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DASHER, CECIL G 8220 LEO KIDD AVE PORT RICHEY, FL 34668

changed, or on an attachment with an address,

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
Signature, typed or printed name of registered agent and talls if applicable. (NOTE: Registers			Agent agnetun	required when remetating)	DATE	
	E NOW!!! FEE !S \$150.00 by 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASHER, CECIL G 911 RIVERSIDE DR. TARPON SPRINGS, FL 34689					U00000770007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASHER, GAIL 911 RIVERSIDE DR. TARPON SPRINGS, FL 34689					U00000776267 01/09/08-80018-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADORESS 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						

CECIL CREGGE DASHOR

A The shows named entity submits this statement for the expressed of changing its registered affice or registered agent or both in the State of Florida. Lam familiar with and accept