FILED
Jun 12, 2007 8:00 am
Secretary of State
05-04-2007 90072 022 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/4/

DOCUMENT # P06000057421

1. Entity Name
DANFORTH FAMILY ENTERPRISES, INC.

66018898

Principal Place of Business	Mailing Address
5161 BEACH BLVD. #2 JACKSONVILLE FL 32207	5161 BEACH BLVD. #2 JACKSONVILLE FL 32207

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4570 St. Augustine Rd	4570 St. Augustine Rd
Suite, Apt. #, etc. # 300	Suite, Apt. #, etc. # 300
City & State Jacksonville, Fl	City & State Jacksonville, Fl.
Zip 32207 Country	Zip 32207 Country

4. FEI Number
20-4754804 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRARD, JAY 6828 SAINT AUGUSTINE ROAD JACKSONVILLE FL 32217	Name: Charles Clements Street Address (P.O. Box Number is Not Acceptable) 4110 Southpoint Blvd Suite 123 City: Jacksonville FL Zip Code: 32216

9. 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: ~~Charles V. Clements~~ Charles V. Clements 6/6/07 ~~William Danforth~~ ~~4/25/07~~
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P DANFORTH, WILLIAM 5161 BEACH BLVD. #2 JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANFORTH, LYNNE 5161 BEACH BLVD. #2 JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELOMAA, ALISSA 5161 BEACH BLVD. #2 JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Danforth 4/25/07 904-398-1180
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Required) Date Daytime Phone #