


FILED
Mar 24, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000090149 1. Entity Name DABADORO, INC.			
Principal Place of Business 260 CROOKED TREE TRAIL DELAND, FL 32724		Mailing Address 260 CROOKED TREE TRAIL DELAND, FL 32724	
DO NOT WRITE IN THIS SPACE			
		03212008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-5202329	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DABNEY, WILLIAM 260 CROOKED TREE TRAIL DELAND, FL 32724		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/08/08-80094-017 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PSTD		
NAME	DABNEY, WILLIAM S		
STREET ADDRESS	260 CROOKED TREE TRAIL		
CITY-ST-ZIP	DELAND, FL 32724		
TITLE	V		
NAME	DABNEY, DOROTHY L		
STREET ADDRESS	260 CROOKED TREE TRAIL		
CITY-ST-ZIP	DELAND, FL 32724		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		3/21/08 386-943-8657	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM S. DABNEY		Date Daytime Phone #	