

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3 Apr 08, 2008 8:00 am
Secretary of State

03-21-2008 90023 029 ***150.00

DOCUMENT # P07000001543

1. Entity Name
DANIEL SAM GARAY INC.



Principal Place of Business
1328 S.E. VAN LOON TERRACE
CAPE CORAL, FL 33990 US

Mailing Address
1328 S.E. VAN LOON TERRACE
CAPE CORAL, FL 33990 US

66006112



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

03182008 Chg-P CR2E034 (12/08)

City & State

City & State

4. FEI Number 20-8183786

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, CLAUDIA
1328 S.E. VAN LOON TERRACE
CAPE CORAL, FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008 Fee will be \$550.00

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-STATE-ZIP	PRES GARAY, DANIEL S 1328 S.E. VAN LOON TERRACE CAPE CORAL, FL 33990	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TRES GARAY, DANIEL S 1328 S.E. VAN LOON TERRACE CAPE CORAL, FL 33990	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECT GARAY, DANIEL S 1328 S.E. VAN LOON TERRACE CAPE CORAL, FL 33990	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIR GARAY, DANIEL S 1328 S.E. VAN LOON TERRACE CAPE CORAL, FL 33990	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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:

Dan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

Daytime Phone #