

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90047 027 ***150.00

DOCUMENT # P07000051709			
1. Entity Name DA MONEY, INC.			
Principal Place of Business 323 HILLTOP ROAD CENTURY, FL 32535		Mailing Address PO BOX 952 CENTURY, FL 32535	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02202008		Chg-P CR2E034 (12/06)	
4. FEI Number 20-0514331		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTRELL, ANNIE M 323 HILLTOP ROAD CENTURY, FL 32535		7. Name and Address of New Registered Agent Name ANNIE COTTRELL Street Address (P.O. Box Number is Not Acceptable) P.O. Box 952 - 323 Hilltop Rd City Century FL Zip Code 32535	
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 _____ (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 ☐ Delete NAME (President) ANNIE COTTRELL STREET ADDRESS 323 Hilltop Rd CITY-ST-ZIP Century FL 32535		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME Vice-President LINDA LEWIS STREET ADDRESS 5116 Potomac Dr CITY-ST-ZIP PAPLE FL 32571		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME Kathy Lowery (Secretary) STREET ADDRESS 7198 Bridge Ln CITY-ST-ZIP Milton FL 32570		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME Amada Lewis STREET ADDRESS Vice-President 5116 Potomac Dr CITY-ST-ZIP PAPLE FL 32571		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME (Treasurer) Jody Cochran STREET ADDRESS 10073 Calle de Palencia CITY-ST-ZIP NANAH FL 32564		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition 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: ANNIE COTTRELL		Date 02-20-08	