


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P17500 1. Entity Name DAR-CARS, LTD., INC.	
--	---

Principal Place of Business 1672 CASSAT AVENUE JACKSONVILLE, FL 32210 US	Mailing Address P.O. BOX 9126 SILVER SPRING, MD 20916-9126 US
--	---

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1245481	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

SAFER, ELIOT J
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32207

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---------------------------------------	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DARVISH, JOHN R. 9020 LANHAM-SEVERNE ROAD LANHAM, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NOELL, GEORGE D. 9020 LANHAM-SEVERNE ROAD LANHAM, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HOSEA, STEPHEN C. 6411 IVY LANE, S-200 GREENBELT, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARVISH, JUDITH 12210 CHERRY HILL ROAD SILVER SPRINGS, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HANCLERK, MICHAEL J 10620 LEE HIGHWAY FAIRFAX, VA 22030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000165919
07/13/04-80001-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **7/9/2004 703-385-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____