

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P92000004729

1. Entity Name
DYNATAG, INC.



Principal Place of Business
**2425 NW 71ST PLACE
GAINESVILLE, FL 32653 US**

Mailing Address
**2425 NW 71ST PLACE
GAINESVILLE, FL 32653 US**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0369243** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEAVER, JON NEAL
1551 NW 35TH TERRACE
GAINESVILLE, FL 32605**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000240331
02/23/05-80026-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEAVER, JON NEAL
STREET ADDRESS	1511 NW 35TH TERRACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(f), 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 807, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 22/05 (352) 375-9903

Date

Daytime Phone #