2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000078098

1. Entity Name
DAK CORPORATION OF TAMPA

Principal Place of Business	Mailing Address
2910 W BAY TO ABY BLVD SUITE 200 TAMPA, FL 33629 US	2910 W BAY TO ABY BLVD SUITE 200 TAMPA, FL 33629 US

DO NOT WRITE IN THIS SPACE

04152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3210863	Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, DAVID A
2910 W BAY TO BAY BLVD
SUITE 200
TAMPA, FL 33629

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 | |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEDY, DAVID A
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3925
CITY-ST-ZIP	TAMPA, FL

U00000320361
04/21/05-80034-023 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 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: _____   4/18/05   721 7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #