




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90327 023 \*\*\*150.00

<b>DOCUMENT # P93000078098</b>					
1. Entity Name <b>DAK CORPORATION OF TAMPA</b>					
Principal Place of Business <b>2910 W BAY TO ABY BLVD SUITE 200 TAMPA, FL 33629 US</b>			Mailing Address <b>2910 W BAY TO ABY BLVD SUITE 200 TAMPA, FL 33629 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3410 Henderson Blvd.</b>		3. Mailing Address <b>3410 Henderson Blvd.</b>			
Suite, Apt. #, etc. <b>200</b>		Suite, Apt. #, etc. <b>200</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>			
Zip <b>33609</b>	Country <b>USA</b>	Zip <b>33609</b>	Country <b>USA</b>	4. FEI Number <b>59-3210863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04092008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>SMITH, LAWRENCE W 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNEDY, DAVID A 101 E KENNEDY BLVD., SUITE 3925 TAMPA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3410 Henderson Blvd, #200 Tampa FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GIBSON, WILLIAM L 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KENNEDY, JOSEPH A 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3410 Henderson Blvd, #200 Tampa FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BOHACEK, ERIN 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3410 Henderson Blvd, #200 Tampa, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4-23-08		813-554-1200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>