

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000001741

1. Entity Name
DA-BET & COMPANY, INC.



Principal Place of Business
**106 HANSON COURT
INTERLACHEN, FL 32148 US**

Mailing Address
**PO BOX 1885
INTERLACHEN, FL 32148 US**



02252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3219145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADKISSON, MICHAEL R
106 HANSON COURT
INTERLACHEN, FL 32148**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADKISSON, MICHAEL R
STREET ADDRESS	106 HANSON COURT
CITY-ST-ZIP	INTERLACHEN, FL
TITLE	ST
NAME	ADKISSON, TEJU C
STREET ADDRESS	106 HANSON COURT
CITY-ST-ZIP	INTERLACHEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/06-80004-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Teju C. Adkisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 386-329-0885, ext 2
Date Daytime Phone #

Teju C. Adkisson - Secy, TREAS