

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 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**



03232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3219145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U00000871835  
04/10/08-80015-002 158.75**

**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

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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 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

3/23/08  
Date

386-329-0885  
Daytime Phone #

Teju C Adkisson, Secy/Treas

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