


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P94000012245 1. Entity Name DAWS MARKETING, INC. |  |
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|---|---|
| Principal Place of Business 8811 GROW DRIVE PENSACOLA, FL 32514 | Mailing Address 8811 GROW DRIVE PENSACOLA, FL 32514 |
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3236847 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DAWS, H C
8811 GROW DR.
PENSACOLA, FL 32514

**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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000043238 02/10/04-80057-012 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAWS, H C 8811 GROW DRIVE PENSACOLA, FL 32514 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAWS, BRENDA M 8811 GROW DRIVE PENSACOLA, FL 32514 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCF NOWAK, JAMES A. 2355 CADDY SHACK LANE PENSACOLA, FL |
| 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)(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: James A. Nowak **JAMES A. NOWAK** 1/29/04 850-478-3298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone