

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

07 MAR 13 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012245

1. Entity Name  
DAWS MARKETING, INC.



Principal Place of Business  
8811 GROW DRIVE  
PENSACOLA, FL 32514

Mailing Address  
8811 GROW DRIVE  
PENSACOLA, FL 32514

*[Handwritten Signature]*



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3236847

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

700093705717  
03/19/07--01002--012 \*\*408.75

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DAWES, H C  
STREET ADDRESS 8811 GROW DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D  
NAME DAWES, BRENDA M  
STREET ADDRESS 8811 GROW DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE VPCF  
NAME NOWAK, JAMES A  
STREET ADDRESS 1804 SILAS CIRCLE  
CITY-ST-ZIP CANTONMENT, FL 32533

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 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 an other like empowered.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07  
Date

850-478-3298  
Daytime Phone #