


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000034346</b> 1. Entity Name DAUNTLESS OF FLA.1, INC.	
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Principal Place of Business 10302 NIGHTWIND CIRCLE CANTONMENT, FL 32533 US	Mailing Address 10302 NIGHTWIND CIRCLE CANTONMENT, FL 32533 US
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04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3376026	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

NOBLES, EUGENE O  
10302 NIGHTWIND CIRCLE  
CANTONMENT, FL 32533

**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, 2005 Fee will be \$550.00**

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

U00000347593  
04/30/05-80118-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOBLES, EUGENE O 10302 NIGHTWIND CIRCLE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYERS, CHRISTOPHER 10303 NIGHTWIND CIR. CANTONMENT, FL 32533
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**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)(f), 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: Eugene O. Nobles  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05  
Date

850 944-9844  
Daytime Phone #