## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P95000087828 1. Entity Name 4-26-2004 90446 039 \*\*\*150.00 DAHILL, INC. Principal Place of Business Mailing Address PO BOX 2336 PO BOX 2336 OKEECHOBEE FL 34973 OKEECHOBEE FL 34973 3. Mailing Address 2. Principal Place of Business 18088 NW 256性 5ナ Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State Applied For 4. FE! Number 65-0761973 recha Not Applicable OKeechobe e Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, TERESA 76 W PALM DR MARGATE FL 33063 &Keechobee 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. 4-23-04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Addition ☐ Delete NAME HILL, TERESA NAME 18088 NW 256 th St STREET ADDRESS STREET ADDRESS PO BOX 2336 OKelchobee FL 34972 OKEECHOBEE FL 34973 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE HILL, DAVID NAME NAME 18088 NW 256 5+ PO BOX 2336 STREET ADDRESS STREET ADDRESS Okeechobee FL 34972 OKEECHOBEE FL 34973 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**