

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 019 ***150.00

DOCUMENT # P95000095557

1. Entity Name
D'AROC CORPORATION, INC.



Principal Place of Business

~~6339 PALMAS BAY CIRCLE~~
PORT ORANGE FL 32129

Mailing Address

~~6339 PALMAS BAY CIRCLE~~
PORT ORANGE FL 32129



2. Principal Place of Business

1990 Ludlow Blvd
Suite, Apt. #, etc.

3. Mailing Address

1990 Ludlow Blvd
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Port Orange FL

City & State

Port Orange FL

4. FEI Number

59-3350057

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

32128

Volusia

Zip

Country

32128

Volusia

6. Name and Address of Current Registered Agent

CAPOREALE, JANET
~~6339 PALMAS BAY CIRCLE~~
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CAPOREALE, DANNY**
STREET ADDRESS ~~6339 PALMAS BAY CIRCLE~~
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **S** ☐ Delete
NAME **CAPOREALE, JANET**
STREET ADDRESS ~~6339 PALMAS BAY CIRCLE~~
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1990 Ludlow Blvd**
CITY-ST-ZIP **Port Orange, FL 32128**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet Caporeale, Inc

3/23/06 **386** **235-6573**