## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000066029**

1. Entity Name
DARIAN & ASSOCIATES, INC.



FILED Jan 11, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2727 E. ADAMO DR.

2727 E. ADAMO DR.

# A TAMPA, FL 33605 # A TAMPA, FL 33605



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3431943

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PETRUCCI-BYERS, DARIAN 2513 W WATROUS AVE TAMPA, FL 33629

## 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 Ager	nt signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRUCCI-BYERS, DARIAN 2513 W WATROUS AVE TAMPA, FL 33629				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000581837 01/11/07-80008-006 150.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	$\wedge$				

12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the leceiver or trustee embowered 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

1/8/07

Daytime Phone #