2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State
09-07-2006 90016 005 ***150.00

DOCUMENT # P97000025524

1. Entity Name
DAB O' DATIL, INC.

Principal Place of Business	Mailing Address
5539 CARTER SPENCER RD MIDDLEBURG, FL 32068	5539 CARTER SPENCER RD MIDDLEBURG, FL 32068

09052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1820 HEREFORD Rd		1820 HEREFORD Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Middleburg FL		City & State: Middleburg FL	
Zip: 32068	Country: CLAY	Zip: 32068	Country: CLAY

4. FEI Number: 59-3434118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & ULTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: SAME
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: James Mosley 9/5/06
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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MOSLEY, ROBERT JAMES ~~5539 CARTER SPENCER RD~~ 1820 HEREFORD Rd MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Robert James Mosley 9/5/06 904-237-5193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #