

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000075453

1. Entity Name
DAKOTA ASSOCIATES, INC.



Principal Place of Business
**8211 W BROWARD BLVD PH 2
FORT LAUDERDALE, FL 33324 US**

Mailing Address
**8211 W BROWARD BLVD PH 2
FORT LAUDERDALE, FL 33324 US**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0791177

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARDENER, PETER C
8211 W BROWARD BLVD PH 2
FORT LAUDERDALE, FL 33324**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000660730
03/20/07-80014-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GARDNER, FRANK C**
STREET ADDRESS **8211 W BROWARD BLVD PH 2**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE **D**
NAME **GARDNER, PETER C**
STREET ADDRESS **8211 W BROWARD BLVD PH 2**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE
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IN THIS SPACE**

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:

Peter C Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER C GARDNER

2-26-07 954727-9335
Date Daytime Phone #