


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90015 046 ***150.00

DOCUMENT # P97000095703 1. Entity Name DARCAR ENTERPRISES, INC.					
Principal Place of Business 4524 HAPPY LANDINGS STREET NO WEST PALM BEACH, FL 33415			Mailing Address 4524 HAPPY LANDINGS STREET NO WEST PALM BEACH, FL 33415		
2. Principal Place of Business 1311 S. Military Trail		3. Mailing Address 1311 S. Military Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 30-0122448	
Zip 33415		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGDANOFF, ROBERT J 2255 GLADES ROAD 234 WEST ONE BOCA PLACE BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Bryan, Charles Street Address (P.O. Box Number is Not Acceptable) 1311 S. Military Trail City West Palm Beach FL Zip Code 33415			
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, CHARLES 4524 HAPPY LANDINGS STREET NO WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bryan, Charles 15663 Cypress Park Drive Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bryan, Charles 15663 Cypress Park Drive Wellington, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
SIGNATURE: <u>Charles A Bryan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/17/04 <small>Date</small>		561-433-5994 <small>Daytime Phone #</small>	