

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000046562

**FILED**  
**May 18, 2010**  
**Secretary of State**

**Entity Name:** DAREN T. OVITT CONTRACTING, INC.

**Current Principal Place of Business:**

2490 WORTH LANE  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

2490 WORTH LANE  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 59-3513238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** OVITT, DAREN T  
**Address:** 2490 WORTH LANE  
**City-St-Zip:** DELTONA, FL 32738

**Title:** VP  
**Name:** POPE, ROBERT  
**Address:** 2490 WORTH LANE  
**City-St-Zip:** DELTONA, FL 32738

**Title:** T/S  
**Name:** PTAK-OVITT, PAMELA A  
**Address:** 2490 WORTH LANE  
**City-St-Zip:** DELTONA, FL 32738

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DAREN T OVITT

PRES

05/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date