

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000074368**

1. Entity Name  
**DAV PROPERTIES, INC.**



Principal Place of Business  
**109 COMMERCE ST  
LAKE MARY, FL 32746 US**

Mailing Address  
**109 COMMERCE ST  
LAKE MARY, FL 32746 US**

*Temp 000783*



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3533174**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**DELLO RUSSO, ROBERT G  
109 COMMERCE ST  
#1101  
LAKE MARY, FL 32746-6206**

**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]*

**ROBERT G. DELLO RUSSO**

(NOTE: Registered Agent signature required when reinstating)

**4/19/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DELLO RUSSO, ROBERT G
STREET ADDRESS	109 COMMERCE ST #1101
CITY- ST- ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

*000000124933  
04/22/04-80065-003 150.00*

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*[Signature]* **ROBERT G. DELLO RUSSO** **4/19/04 (407) 831-2665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #