


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000104604	
1. Entity Name DAC CAPITAL INC.	

Principal Place of Business 4673 SOUTHEAST WATERFORD DRIVE STUART, FL 34997	Mailing Address 4673 SOUTHEAST WATERFORD DRIVE STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3630114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TASSINARI, DOREEN 4673 SOUTHEAST WATERFORD DR. STUART, FL 34997
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**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, 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
After May 1, 2004 Fee will be \$550.00**

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

000000108562
04/12/04-80008-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TASSINARI, DOREEN 4673 SOUTHEAST WATERFORD DR. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TASSINARI, CHARLES 4673 SE WATERFORD DRIVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: *Doreen Tassinari*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-04 (772)463-1489
Date Daytime Phone #