

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000073246

1. Entity Name
DAP ENTERPRISES, INC.



FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90020 018 ***150.00

Principal Place of Business
**921 NW 3RD AVE
POMPANO BEACH, FL 33060**

Mailing Address
**921 NW 3RD AVE
POMPANO BEACH, FL 33060**



2. Principal Place of Business

3. Mailing Address

01252006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0945156

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KORTHALS, JACK
1500 E ATLANTIC BLVD
POMPANO BEACH, FL 33060**

Name
John Korthals
Street Address (P.O. Box Number is Not Acceptable)
1401 East Atlantic Blvd.
Pompano Beach, FL 33060
City **FL** Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HALL, PETER D 4151 SW 42ND AVE PALM BEACH, FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HALL, LINDA B 4151 SW 42 AVE PALM CITY, FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HALL, ANN M 3 HIGH ST. OLD TOWN, ME 04458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

954-943-0976

Daytime Phone #