

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # S16562 1. Entity Name DARK, INC.	
-----------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1222 FORRESTER AVENUE IMMOKALEE FL 34142 US	Mailing Address 1222 FORRESTER AVENUE IMMOKALEE FL 34142 US
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0231616	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
JOHNSON, RICHARD 1222 FORRESTER AVE IMMOKALEE FL 34142

7. Name and Address of New Registered Agent	
Name	
Street Address (P. O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete JOHNSON, RICHARD 1222 FORRESTER AVE IMMOKALEE FL
NAME	VD <input type="checkbox"/> Delete JOHNSON, RICHARD H. 1222 FORRESTER AVE IMMOKALEE FL
STREET ADDRESS	STD <input type="checkbox"/> Delete JOHNSON, KEVIN W. 1222 FORRESTER AVE IMMOKALEE FL
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Richard Johnson RICHARD JOHNSON 2/1/05 239-657-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR