

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90084 021 ***150.00

DOCUMENT # S26730 1. Entity Name DATON, INC.											
Principal Place of Business 2471 MC MULLEN-BOOTH RD SUITE 9 CLEARWATER, FL 34619			Mailing Address 2471 MC MULLEN-BOOTH RD SUITE 9 CLEARWATER, FL 34619								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.									
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3047417							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> 6. Name and Address of Current Registered Agent ESPOSITO, TONY 2366 ANTHONY AVENUE CLEARWATER, FL 34619 </td> <td colspan="3" style="padding: 5px;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>						6. Name and Address of Current Registered Agent ESPOSITO, TONY 2366 ANTHONY AVENUE CLEARWATER, FL 34619			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
6. Name and Address of Current Registered Agent ESPOSITO, TONY 2366 ANTHONY AVENUE CLEARWATER, FL 34619			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPOSITO, TONY 2366 ANTHONY AVENUE 501 MANDALAY AVE CLEARWATER, FL 34619 33767 #604		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESPOSITO, CARLA 1402 COUNTRY TRAILS DR. SAFETY HARBOR, FL 34959		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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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:  TONY ESPOSITO APRIL 12 05 727 6885032 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											

40055980



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