

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90037 042 ***150.00

DOCUMENT # V21081

1. Entity Name

T.D.A.H., INC.



Principal Place of Business

3720 COCONUT CREEK PKWY
SUITE F
COCONUT CREEK FL 33063

Mailing Address

3720 COCONUT CREEK PKWY
SUITE F
COCONUT CREEK FL 33063

40066010

2. Principal Place of Business

1115 BANKS RD
Suite, Apt. #, etc.

3. Mailing Address

1115 BANKS RD.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

MARGATE, FL

City & State

MARGATE, FL

4. FEI Number

65-0171490

Applied For

Not Applicable

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SCHLAPKOHL, CHARLES M
STREET ADDRESS 3720 COCONUT CREEK PKWY
CITY-ST-ZIP COCONUT CREEK FL

TITLE M ☐ Delete
NAME SCHLAPKOHL, ROBERT
STREET ADDRESS 3720 COCONUT CREEK PARKWAY ST F
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/05

772-341-1074

Date

Daytime Phone #