2004 FOR PROFIT CORPORATION

ANNUAL R	EPORT (AR)		00004 035 ***150.00
DOCUMENT # v30990			04 MAY -4 PM 12: 39	V30990
1. Entity Name				
DAWN TO DUSK, INC.			PM 12: 35	}
		The state of the s	OLIMAY - U VI	ίE
Principal Place of Business	Mailing Address		-costinger FLOR	AUI
4221 W HILLSBORO BLVD. 4221 W HILLSBORO BLVD. COCONUT CREEK FL 33073 COCONUT CREEK FL 33073		33073	SECRETA SEE FLOR	0.707.49T0
				JE 5884 BICH BURN DIRT GURNORL IL IDON
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2	E034 (11/03)
City & State	City & State		4. FEI Number 65-0321227	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	Fee Required ered Agent
	فيانه هيپين دران ما ريد	Name	and the same of th	and the state of t
SKUBAL, MEGAN 4221 W HILLSBORO BLVD.		Street Address	P.O. Box Number is Not Acceptable)	
COCONUT CREEK FL 33073				
		City		FL Zip Code
8. The above named entity submits this statement to	the purpose of changing its	agistered office or registe	ared agent, or both, in the State of Florida.	
the obligations of registered agent.	18. 1	//	2.	las/orl
SIGNATURE Speaker, typed or printed name of registery agont	and title if applicable. (NPTF	Registered Agent signature require	d when reinstating)	DATE JOS
FILE NOW!!!! FEE IS \$150.00				
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of	1 State		S. Election Campaign Financin Trust Fund Contribution.	\$5.00 May Be Added to Fees
10./ OFFICERS AND	AVACUSABLIAS C. V.	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11
тта В	☐ Delete	TITLE		Change Addition
NYME SKUBAL, MEGAN STREET AGRESS 4221 W.HILLSBORO BLVD.	•	NAME Street address	,	
CTY-ST-ZP COCONUT CREEK FL		CITY-ST-ZIP		·····
TITLE 1 VP NAME SKUBEL, THOMAS	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS 4221 W. HILLSBORO BLVD.		STREET ADDRESS		
TITLE COCONUT CREEK FL		CITY-ST-ZIP		Characa C Addison
nund .	☐ Detete	NAME,	مسور منشومة مجت التواد والعالم	☐ Change ☐ Addition
STREENADIRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
ппе	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NUME STREET ADDRESS		
CITY-ST- ZIP		CITY-ST-ZIP		
TITLE'	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		i
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME	•	Change Addition
STREET ADDRESS		STREET ADDRESS		
CITY-SI-ZIP 12. Liberaby certify that the information supplied with	this filing does not qualify for	the exemption stated in S	action 119 07(3Vi) Florida Statutas I furth	At Certify that the information
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empore the receiver or trustee emporements.	owered to execute this report	as required by Chapter 60	Florida Statutes; and that my name app	that I am an officer or director lears in Block 10 or Block 11 if
changed, or on an attachment with an address, i	with all other like empowered.	Suth	3	
SIGNATURE: X SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	Thomas Skubi	al 2/10/64 (95)	4) 481 -9646 Dayling Phone 9
A CONTRACT OF THE PARTY OF THE				