

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 027 ***150.00

DOCUMENT # V60648

1. Entity Name

DAMIAN'S ENTERPRISES, INC.



Principal Place of Business

4111 DAVIS HWY.
PENSACOLA FL 32503

Mailing Address

P.O. BOX 12924
PENSACOLA FL 32591

00104630



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

5100 Sycamore Drive

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State

Zip
32503

Country
USA

Zip

Country

4. FEI Number 59-3139215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, ANTHONY
4111 DAVIS HWY.
PENSACOLA FL 32503

Name

JACOBS, ANTHONY

Street Address (P.O. Box Number is Not Acceptable)

5100 SYCAMORE DR.

City PENSACOLA FL

FL

Zip Code 32503

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JACOBS, ANTHONY
STREET ADDRESS 4111 DAVIS HWY.
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE PRESIDENT / DIRECTOR
NAME JACOBS, ANTHONY
STREET ADDRESS 5100 SYCAMORE DR
CITY-ST-ZIP PENSACOLA FL 32503 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

4-13-07 850-453-8811