

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
**DARL, INC.**



Mailing Address  
1040 HIGHWAY 17 NORTH  
BARTOW, FL 33830 US



4. FEI Number 59-1533007	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SMITH, JANE W  
1816 3RD COURT S.E.  
WINTER HAVEN, FL 33880

**DO NOT WRITE  
IN THIS SPACE**

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)

UNCLASSIFIED

04/15/08-80055-009 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

### 9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SMITH, WADE C.
STREET ADDRESS	1816 3RD COURT S.E.
CITY - ST - ZIP	WINTER HAVEN, FL 338804416

TITLE	PD
NAME	SMITH, JANE W.
STREET ADDRESS	1816 3RD COURT S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 338804416

TITLE	ST
NAME	HOUSTON, JAMES E
STREET ADDRESS	6201 BANYAN TERRACE
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Day

Daytime Phone #