

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # J67022 1. Entity Name DAT'L-DO-IT, INC.	
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Principal Place of Business 3255 PARKER DR ST AUGUSTINE, FL 32095 US	Mailing Address 3255 PARKER DR ST AUGUSTINE, FL 32085 US
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DO NOT WRITE IN THIS SPACE

	
07262004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2834794	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UPCHURCH, BAILEY & UPCHU
780 N PONCE DE LEON BLVD
P O DRAWER 3007
ST AUGUSTINE, FL 32084

**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, for 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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000169565 08/09/04-80002-001 558.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAUSEY, MARY 701 QUEEN RD ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAY, CHRISTOPHER K. 39 AVISTA CIR ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(f), 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:  **MARY CAUSEY** 8/4/04 9048246170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #