

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67022

Entity Name: DAT'L-DO-IT, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

3255 PARKER DR
ST AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

3255 PARKER DR
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-2834794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAUSEY, MARY
Address: 701 QUEEN RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: WAY, CHRISTOPHER K.,
Address: 39 AVISTA CIR
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAUSEY, MARY
Address: 189 LAMPLIGHTER LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CAUSEY

PRES

04/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date