


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P96000036818</b><br>1. Entity Name<br><b>DACAR FIRE PROTECTION, INC.</b> |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>1755 COMMERCE BLVD.<br/>MIDWAY FL 32343<br/>US</b> | Mailing Address<br><b>1755 COMMERCE BLVD.<br/>.MIDWAY FL 32343<br/>US</b> |
|--|---|

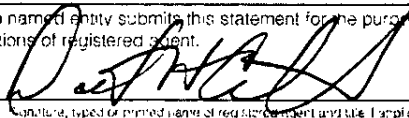


|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

1st MOORE      CR2E034 (10/07)

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CARGILL, DAVID H<br/>2628 BRENTSHIRE DR<br/>TALLAHASSEE FL 32303</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---|---|

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:       DATE: **1/29/2008**

(NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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                      | PRES                 | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARGILL, DAVID H     |                                 | NAME  |   |   |
| STREET ADDRESS             | 2628 BRENTSHIRE DR   |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32303 |                                 | CITY-ST-ZIP   | 000000807778<br>02/07/08-80022-005 150.00 |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |   |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |   |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |   |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |   |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |   |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |   |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |   |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |   |   |

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:       DATE: **1/29/2008**      **850**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **562-3181**  
Da      Desktop Phone #