


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90026 033 \*\*\*150.00


**DOCUMENT # P02000093703**  
 1. Entry Name  
**DANIFER PRINTING, INC.**



Principal Place of Business      Mailing Address  
 7117 US HWY 19                      7117 US HWY 19  
 NEW PORT RICHEY, FL 34652      NEW PORT RICHEY, FL 34652

**DO NOT WRITE IN THIS SPACE**

**66006357**



02212008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>04-3713445</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**HOWARD, BONNIE J**  
**7117 US HWY-19**  
**NEW PORT RICHEY, FL 34652**

**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:       DATE: **3/14/08**

Signature, board or printed name of registered agent and (if applicable) (OFFICER, Registered Agent, signatory is required when reinstating)

**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	D
NAME	HOWARD, BONNIE J
STREET ADDRESS	12651 WILDROSE AVE
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	MILLER, BEVERLY A
STREET ADDRESS	8549 MOBLEY WAY
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE 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:       DATE: **4/7/08**      727-849-5883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone