

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000052330 1. Entity Name DANTON REAL ESTATE COMPANY														
Principal Place of Business 350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480		Mailing Address 350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480												
DO NOT WRITE IN THIS SPACE		 03202004 No Chg-P CR2E034 (10/03) 4. FCI Number 65-3507508 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required Applied For Not Applicable												
6. Name and Address of Current Registered Agent DANTON, RICHARD 350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480		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 installing) _____ DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 1100000095255 03/24/04-80025-001 158.75												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY ST ZIP</td><td>PS DAWTON, RICHARD 350 SO COUNTY RD PALM BEACH, FL 33480</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY ST ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY ST ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY ST ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY ST ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY ST ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY ST ZIP	PS DAWTON, RICHARD 350 SO COUNTY RD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	PS DAWTON, RICHARD 350 SO COUNTY RD PALM BEACH, FL 33480													
TITLE NAME STREET ADDRESS CITY ST ZIP														
TITLE NAME STREET ADDRESS CITY ST ZIP														
TITLE NAME STREET ADDRESS CITY ST ZIP														
TITLE NAME STREET ADDRESS CITY ST ZIP														
TITLE NAME STREET ADDRESS CITY ST ZIP														
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MARCH 22 2004 561-309-8726 Date Dawton, Richard												