

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000016319

**Entity Name:** DANICK SPECIALTIES & SUPPORT, INC.

**Current Principal Place of Business:**

1390 WINDWARD LANE  
NICEVILLE, FL 32578

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC0199146840**

**Current Mailing Address:**

1390 WINDWARD LANE  
NICEVILLE, FL 32578 US

**FEI Number: 81-0596768**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DANICK, CHARLES PD  
1390 WINDWARD LANE  
NICEVILLE, FL 32578 US

*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

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | PD                 | Title           | NONE               |
| Name            | DANICK, CHARLES PD | Name            | DANICK, LORRAINE   |
| Address         | 1390 WINDWARD LANE | Address         | 1390 WINDWARD LN   |
| City-State-Zip: | NICEVILLE FL 32578 | City-State-Zip: | NICEVILLE FL 32578 |

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES DANICK**

**PD**

**04/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date