## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 367682**

Entity Name: DALE-INCOR INC.

GARRIS, RON

6455 KINGSLEY

DEARBORN, MI 48126

Name:

Address:

City-St-Zip:

FILED May 03, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1001 N.W. 58TH CT. FT. LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 1001 N.W. 58TH CT FT. LAUDERDALE, FL 33309 FEI Number: 59-1288556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRUMAN, DOROTHY 4350 HILLCREST, #111 US HOLLYWOOD, FL 33021 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FRUMAN, DOROTHY, Name: Name: 4350 HILLCREST, #111 Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: FRUMAN, LEE, Name: 24670 S. CROMWELL Address: Address: City-St-Zip: FRANKLIN, MI City-St-Zip: Title: Title: AST ( ) Delete () Change () Addition FRIED, DAVID M., Name: Name: 42400 GRAND RIVER AVENUE Address: Address: City-St-Zip: NOVI, MI 48375 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RON GARRIS PRES 05/03/2004