

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 408874

FILED
Jan 28, 2005
Secretary of State

Entity Name: DANTE ENTERPRISES, INC.

Current Principal Place of Business:

1653 GULF TO BAY BLVD.
CLEARWATER, FL 346156422

New Principal Place of Business:

1653 GULF TO BAY BLVD.
CLEARWATER, FL 33755

Current Mailing Address:

1653 GULF TO BAY BLVD.
CLEARWATER, FL 346156422

New Mailing Address:

1653 GULF TO BAY BLVD.
CLEARWATER, FL 33755

FEI Number: 59-1449940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOGNA, ALAN D
2328 ST. CHARLES ST.
CLEARWATER, FL 34624 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPOGNA, ALAN D,
Address: 2328 ST.CHARLES ST.
City-St-Zip: CLEARWATER, FL 00000,

Title: D () Delete
Name: CAPOGNA, MARGARET B,
Address: 2012 CORONET
City-St-Zip: CLEARWATER, FL 00000,

Title: VD () Delete
Name: CAPOGNA, MICHAEL
Address: 2012 CORONET LANE
City-St-Zip: CLEARWATER, FL

Title: VD () Delete
Name: CAPOGNA, CHRISTOPHER,
Address: 2012 CORONET
City-St-Zip: CLEARWATER, FL

Title: T () Delete
Name: DEMAIO, STEFANI
Address: 1654 ST. PAULS DR.
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALAN D CAPOGNA

PD

01/28/2005

Electronic Signature of Signing Officer or Director

Date