

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90104 048 ***150.00

20065302



DOCUMENT # F39338 1. Entity Name DALE ANN, INC.																																													
Principal Place of Business P.O. BOX 2464 WINTER HAVEN, FL 33883 US		Mailing Address P.O. BOX 2464 WINTER HAVEN, FL 33883 US																																											
2. Principal Place of Business P.O. Box 37 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 37 Suite, Apt. #, etc.																																											
City & State Davenport, FL Zip 33836 Country Polk		City & State Davenport, FL Zip 33836 Country Polk																																											
4. FEI Number 59-2803164 2103164		Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent KALAGRIDIS, MITCHELL 456 SAN HOSE WINTER HAVEN, FL 33837		7. Name and Address of New Registered Agent Name R. Gary Price Street Address (P.O. Box Number is Not Acceptable) 525 Pope Ave. N.W. City Winter Haven FL Zip Code 33881																																											
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 <u><i>R. Gary Price</i></u> R. Gary Price 6/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD KALAGRIDIS, MITCHELL P.O. BOX 2462 N/A WINTER HAVEN, FL </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALAGRIDIS, MITCHELL P.O. BOX 2462 N/A WINTER HAVEN, FL	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P.O. Box 37 Davenport, FL 33836 </td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 37 Davenport, FL 33836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Mitchell Kalagris</i></u> MITCHELL KALAGRIS 7/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																													