



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F41252</b>	
1. Entity Name <b>DALANO OF GAINESVILLE, INCORPORATED</b>	

Principal Place of Business <b>3940 N.W. 16TH BLVD BLDG A GAINESVILLE, FL 32605</b>	Mailing Address <b>PO BOX 357760 GAINESVILLE, FL 32635</b>
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**DO NOT WRITE IN THIS SPACE**

	
01072004 No Chg-P	CR2E034 (10/03)
4. FEI Number <b>22-2390664</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>SALTER, JAMES 3940 N.W. 16TH BLVD BLDG B GAINESVILLE, FL 32605</b>	

**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 _____	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000093022 03/22/04-80001-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC SQUITIERI, ALAN 3940 N.W. 16TH BLVD, BLDG A GAINESVILLE, FL 32605</b>
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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)(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: 	<b>3-10-04</b>	<b>352 367-9092</b>
ALAN SQUITIERI	Date	Daytime Phone #