## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: DAWNIE

## May 02, 2007 8:00 am Secretary of State **DOCUMENT # G03587** 05-02-2007 90043 021 \*\*\*150.00 1. Entity Name DANVICK DEVELOPMENT COMPANY Principal Place of Business Mailing Address 3164 EWING DRIVE 3164 EWING DRIVE VENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business - No P.O. Box# 158 Puesta Del July 3. Mailing Address 138 Puerta Del Sol 04302007 Chg-P CR2E034 (12/06) City & State OS PREY 4. FEI Number Applied For City & State Ħ 59-2230889 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUTKOWSKI, DANNIE J Street Address (P.O. Box Number is Not Acceptable) 3164 EWING DRIVE VENICE, FL 34292 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE RUTKOWSKI, DANNIE J NAME NAME 3464 EWING DR 158 Puesta Del Sol STREET ADDRESS STREET ADDRESS OSPREY FI 34229 VENICE, PL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE RUTKOWSKI, VICTORIA L 3104 EWING DR 150 POESTA Del Sol NAME STREET ADDRESS STREET ADDRESS OSPREY FI 34229 VENICE, FL CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED