2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # H43689 1. Entity Name 04-29-2004 90217 003 ***150.00 DANCHAR, INC. Principal Place of Business Mailing Address 1626 90 AVENUE P O BOX 370 VERO BCH. FL 32961 1626 90 AVENUE P O BOX 370 VERO BCH. FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2502317 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDSON-DAN K. Street Address (P.O. Box Number is Not Acceptable) 1855-28TH AVE. P.O. BOX 370 VERO BEACH FL 32961 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition RICHARDSON, DANFORTH K. NAME NAME STREET ADDRESS 1855 28 AVE. STREET ADDRESS VERO BCH. FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME HOPKINS, CARTER W NAME 1580 GRACEWOOD LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME LUTHER, JOHN M. NAME STREET ADDRESS 555 S.-A1A STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KAHLE, GEORGE A. NAME NAME 6020 S.W. 5TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, THOMAS RENE NAME NAME STREET ADDRESS 2019 CORTEZ AVENUE STREET ADDRESS VERO BCH. FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME LUTHER, JOHN M. NAME 555 S. A1A STREET ADDRESS STREET ADDRESS VERO BCH. FL 32996-3 CITY-ST-ZIP CITY-ST-ZIP 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 the 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 employered 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:

suc SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tomas Rene Por

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