
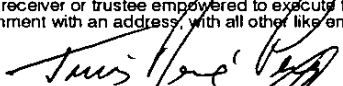


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90173 039 \*\*\*150.00

<b>DOCUMENT # H43689</b>					
1. Entity Name <b>DANCHAR, INC.</b>					
Principal Place of Business <b>1626 90 AVENUE P O BOX 370 VERO BCH. FL 32961</b>			Mailing Address <b>1626 90 AVENUE P O BOX 370 VERO BCH. FL 32961</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			P.O. Box 370		
City & State			Vero Beach, FL		
Zip	Country	Zip	Country	4. FEI Number	
32961	USA	32961	USA	59-2502317	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RICHARDSON, DAN K. 1855-28TH AVE. P.O. BOX 370 VERO BEACH FL 32961</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K.		NAME	RUST, GARY M.	
STREET ADDRESS	1855 28 AVE.		STREET ADDRESS	1626 - 90th Avenue	
CITY-ST-ZIP	VERO BCH. FL 32960		CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, CARTER W		NAME		
STREET ADDRESS	1580 GRACEWOOD LN.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, JOHN M.		NAME		
STREET ADDRESS	555 S. A1A		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLE, GEORGE A.		NAME		
STREET ADDRESS	6020 S.W. 5TH ST		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, THOMAS RENE		NAME		
STREET ADDRESS	2019 CORTEZ AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL 32960		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, JOHN M.		NAME		
STREET ADDRESS	555 S. A1A		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL 32996-3		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 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: 			April 8th, 2005		
Thomas Rene Perez, Treasurer			772-567-1151-Ext.		