2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 25, 2005 08:00 AM DOCUMENT # H51577 **Secretary of State** 1. Entity Name DANNY P. RINGDAHL ENTERPRISES, INC. Principal Place of Business Mailing Address 750 N. ATLANTIC AVE., STE 1209 750 N. ATLANTIC AVE., STE 1209 COCOA BEACH FL 32931 US COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2525934 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RINGDAHL, DANNY P Street Address (P.O. Box Number is Not Acceptable) 750 N. ATLANTIC AVE., STE 1209 COCOA BEACH FL 32931 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. DATE Signature, typed or printed name of registered agent and tiffe if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 03/25/85-80022-016 150.00 ☐ Addition TITLE ☐ Delete NAME RINGDAHL, DANNY P NAME STREET ADDRESS 750 N. ATLANTIC AVE., STE 1209 STREET ADDRESS CLTY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Change ☐ Addition mu Delete LHE BLANKENSHIP, DENNIE NAME NAME 11114 WESTVIEW DRIVE STREET ADDRESS STREET ADDRESS **COCOA FL 32927** CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TOTALE NAME RINGDAHL, JANET STREET ADDRESS STREET ADDRESS 750 N. ATLANTIC AVE. STE. 1209 CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Addition Change TITLE Delete THE NAME NAME STREET AGGRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE Delete 33111 ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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 take 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 trusted 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.

PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED