

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38117

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** DANKER NURSING SERVICES, INC.

**Current Principal Place of Business:**

1251 COWART RD  
PIERSON, FL 32180 US

**New Principal Place of Business:**

**Current Mailing Address:**

1251 COWART RD  
PIERSON, FL 32180 US

**New Mailing Address:**

**FEI Number:** 59-2733891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANKER, MARYANN  
5631 S W 163 AVE  
FT. LAUDERDALE, FL 33331 US

**Name and Address of New Registered Agent:**

DANKER, MARYANN  
1251 COWART ROAD  
PIERSON, FL 32180 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/21/2004

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DANKER, MARYANN  
Address: 1251 COWART RD  
City-St-Zip: PIERSON, FL 32180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANN DANKER

PD

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date