

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90173 046 \*\*\*150.00

**DOCUMENT # J68279**  
 1. Entity Name  
**MCDASH ANALYTICS, INC.**



**40025155**



02162005 Chg-P CR2E034 (10/03)

Principal Place of Business  
**818 A1A NORTH**  
**SUITE 202**  
**PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**818 A1A NORTH**  
**SUITE 202**  
**PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business  
**814 A1A North**  
 Suite, Apt. #, etc.  
**Suite #303**

3. Mailing Address  
**814 A1A North**  
 Suite, Apt. #, etc.  
**Suite #303**

City & State  
**Ponte Vedra Beach, FL**

City & State  
**Ponte Vedra Beach, FL**

4. FEI Number  
**59-2816234**

Applied For  
 Not Applicable

Zip Country  
**32082 St. Johns**

Zip Country  
**32082 St. Johns**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CRAWFORD, JOHN R**  
**225 WATER ST.**  
**SUITE 900**  
**JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM SCHNITZIUS, JOHN 629 PELHAM ROAD JACKSONVILLE, FL 32092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JADLOS, TED 1601 ARAPAHOE ST., 9TH FLOOR DENVER, CO 80202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC OSBORN, D. CHRISTIAN 845 SOUTH ELLIPSE WAY DENVER, CO 80209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Osborn, D. Christian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8331 Couer D'Alene Drive Fort Collins, CO 80528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Schnitzius 2/23/05 904-285-6220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #