

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.



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**

40025155



2. Principal Place of Business

814 A1A North

Suite, Apt. #, etc.

Suite #303

3. Mailing Address

814 A1A North

Suite, Apt. #, etc.

Suite #303

02162005

Chg-P

CR2E034 (10/03)

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-2816234

Applied For

Not Applicable

Zip

32082

Country

St. Johns

Zip

32082

Country

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 **VM** ☐ Delete
NAME **SCHNITZIUS, JOHN**
STREET ADDRESS **629 PELHAM ROAD**
CITY-ST- ZIP **JACKSONVILLE, FL 32092**

TITLE **C** ☐ Delete
NAME **JADLOS, TED**
STREET ADDRESS **1601 ARAPAHOE ST., 9TH FLOOR**
CITY-ST- ZIP **DENVER, CO 80202**

TITLE **VC** ☐ Delete
NAME **OSBORN, D. CHRISTIAN**
STREET ADDRESS **845 SOUTH ELLIPSE WAY**
CITY-ST- ZIP **DENVER, CO 80209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☒ Change ☐ Addition
NAME **Osborn, D. Christian**
STREET ADDRESS **8331 Couer D'Alene Drive**
CITY-ST- ZIP **Fort Collins, CO 80528**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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 #