2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

DOCUMENT # K97505

1. Entity Name

DANA DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
470 MACGREGOR ROAD WINTER SPRINGS FL 32708	470 MACGREGOR ROAD WINTER SPRINGS FL 32708

1st MOORE   CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 59-2956095	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILANOVICH, FRANCES T. 470 MAGREGOR ROAD WINTER SPRINGS FL 32708	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 r applicable,   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee Will Be $550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing **$5.00** May Be Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME MILANOVICH, ROBERT J. STREET ADDRESS 470 MAC GREGOR ROAD CITY-ST-ZIP WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VTS** NAME MILANOVICH, FRANCES T. STREET ADDRESS 470 MAC GREGOR ROAD CITY-ST-ZIP WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000546819 03/06/07-80047-012 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _Frances T. Milanovich_ Frances T. Milanovich 2-21-07   407-327-2647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #