FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90006 048 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000077164

1. Entity Name
DAN'S TRAIN DEPOT, INC.

Principal Place of Business	Mailing Address
4901 EAST SILVER SPRINGS BOULEVARD OCALA, FL 34470 US	4901 EAST SILVER SPRINGS BOULEVARD OCALA, FL 34470 US

40008627

01272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
110 N HWY 314A	PO Box 830175
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Silver Springs, FL	City & State: Ocala FL
Zip: 34488 Country: Marion	Zip: 34483 Country: Marion

4. FEI Number 65-1038932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLASURE, DANIEL L
FIVE FIR TRAIL PLACE
OCALA, FL 34472

7. Name and Address of New Registered Agent

Name: Glasure Daniel L.
Street Address (P.O. Box Number is Not Acceptable): 10835 SE Hwy 464C
City: Ocklawaha FL Zip Code: 32179

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] DATE: 1/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTVP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GLASURE, DAN		NAME		
STREET ADDRESS	5 FIR TRAIL PLACE		STREET ADDRESS	10835 SE Hwy 464C	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	Ocklawaha FL 32179	
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
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
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 Chapter 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: [signature] 1/30/07 352 680 1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #