


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000063758 1. Entity Name DANANCO, INC. |  |
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| Principal Place of Business 6662-B BOCA PINES TRAIL BOCA RATON, FL 33433 | Mailing Address P.O. BOX 141682 CORAL GABLES, FL 33114 |
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02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 65-1117098 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

COLOMBAN, LORIS
6662-B BOCA PINES TRAIL
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P COLOMBAN, LORIS 6662-B BOCA PINES TRAIL BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V COLOMBAN, MONICA 6662-B BOCA PINES TRAIL BOCA RATON, FL 33433 |
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04/28/04-80011-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/28/04 561-477-0563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #