2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2007 08:00 AM DOCUMENT # P02000024996 **Secretary of State** 1. Entity Namo DAN-ANT, INC. Principal Place of Business Mailing Address 426 VERMONT AVE. 426 VERMONT AVE. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Numbor Applied For City & State City & State 01-0637832 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Cortificate of Status Desired 12 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANTONACCIO, DANIEL Street Address (P.O. Box Number is Not Acceptable) 426 VERMONT AVE DAYTONA BEACH FL 32118 Zip Codo 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. 🔀 Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Change ☐ Addition HILL Delete TITLE ANTONACCIO, DANIEL NAME U000005625064/ 14/07-80860-023 426 VERMONT AVE. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CHY ST ZIP CITY-SE-ZIP U00000628591 Change Addition ☐ Delete 02/16/07-80022-005 163.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7P - 🔲 Changa TITLE THE NAME MARAF STREET ADDRESS STREET ADDRESS GITY SE 7IP CMY-ST-709 ☐ Change ☐ Addition IIIIE ☐ Delete IIILL NAME MAKE STHEEL ADDRESS STREET ADDRESS CHY SI-ZIP CHY-S1-ZIE ☐ Change ☐ Addition ☐ Delete IIILI HILL MAMI NAME SIREFT ADORESS STREET ADDRESS CUTY-S1-Z0P DITY ST-700 Delete HILE ☐ Change Addition IIILE NAME MASS STREET ADDRESS STREET ADDRESS CHY-SL-JIP CITY SI-ZIP

FILED

SIGNATURE: PANIEL ANTONACCIO FEB. 3,2007 386-257-6904

if changed, or on an attachment with an address, with all other like empowered

12. I horeby certify that the information supplied with this filling 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 eath; 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