

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 006 ***150.00

DOCUMENT # P02000037452

1. Entity Name

DANY MAGILL, INC



Principal Place of Business

~~4808 S. TAMiami TRAIL~~
~~SUITE 207~~
SARASOTA FL 34231

Mailing Address

~~4808 S. TAMiami TRAIL~~
~~SUITE 207~~
SARASOTA FL 34231

2. Principal Place of Business

2330 ROSELAWN CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2330 ROSELAWN CIRCLE

Suite, Apt. #, etc.

City & State

SARASOTA, FLA

City & State

SARASOTA, FLA

Zip

34231

Country

USA

Zip

34231

Country

USA

4. FEI Number

03-0424489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN
1432 FIRST STREET
SARASOTA FL 34236

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAGILL, DANY
STREET ADDRESS ~~4808 S. TAMiami TRAIL~~ 2330 ROSELAWN CIRCLE
CITY-ST-ZIP SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04 941-270-1524