## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000057455**

1. Entity Name

DAN DAN, THE FIXIT MAN, INC.



**FILED** Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

14 NORTH MARS AVE. CLEARWATER, FL 33755 Mailing Address

14 NORTH MARS AVE. CLEARWATER, FL 33755



## DO NOT WRITE IN THIS SPACE

| 03 152007 NO Chg-I-              | CNZEC | CR2E034 (11/03)                   |  |  |
|----------------------------------|-------|-----------------------------------|--|--|
| 4. FEI Number                    |       | Applied For                       |  |  |
| 04-3670035                       |       | Not Applicable                    |  |  |
| 5. Certificate of Status Desired |       | \$8.75 Additional<br>Fee Required |  |  |

CD2E034 (11/05)

6. Name and Address of Current Registered Agent

GREEN, RICHARD D 1010 DREW ST. CLEARWATER, FL 33755

## 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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |  |               |                                |   |  |
| FIL<br>After Ma  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00         | <ol><li>Election Campaign Finan<br/>Trust Fund Contribution.</li></ol> | cing          | \$5.00 May Be<br>Added to Fees |   |  |
| 10.  | OFFICERS AND DIREC  | TORS   | ·             |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HELLER, DANIEL M<br>14 NORTH MARS AVE.<br>CLEARWATER, FL 33755 |  |               |                                | U00000736204<br>05/10/07-80069-002 150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |               |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | DO NOT WRITE  |                                |   |  |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | IN THIS SPACE |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | :   |  | !             |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |               |                                |   |  |

12. I hereby certify that the information supplied with this filling 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 the empowered.

Daytima Phone #