

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90020 028 ***150.00

DOCUMENT # P02000086469 1. Entity Name D'ANTICH, INC.			
Principal Place of Business 78 JUNIPER LOOP CIRCLE OCALA, FL 34480		Mailing Address 78 JUNIPER LOOP CIRCLE OCALA, FL 34480	
2. Principal Place of Business - No P.O. Box # 4525 W 20 AVE Suite, Apt. #, etc. C 221		3. Mailing Address 4525 W 20 AVE Suite, Apt. #, etc. C 221	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33012		Zip 33012	
Country USA		Country USA	
4. FEI Number 32-0025627		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTICH, DANIA 78 JUNIPER LOOP CIRCLE OCALA, FL 34480		7. Name and Address of New Registered Agent Name ANTICH, DANIA Street Address (P.O. Box Number is Not Acceptable) 4525 W 20 AVE C 221 City Hialeah FL Zip Code 33012	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTICH, DANIA 78 JUNIPER LOOP CIRCLE OCALA, FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTICH, DANIA 4525 W 20 AVE, C 221 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTICH, DANIA 78 JUNIPER LOOP CIRCLE OCALA, FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTICH, DANIA 4525 W 20 AVE C 221 Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ANTICH, ROBERT 4525 W. 20TH AVE. APT C-221 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
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: <u>President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/29/08 305-825-7062 <small>Date Daytime Phone #</small>	