


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90047 040 ***150.00

DOCUMENT # P02000115280 1. Entity Name DANNAHOWER HOLDINGS, INC.					
Principal Place of Business 2015 S. INDIAN RIVER DR FORT PIERCE, FL 34950			Mailing Address 2015 S. INDIAN RIVER DR FORT PIERCE, FL 34950		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 14-1858411		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 DANNAHOWER, JAMES L 2015 S. INDIAN RIVER DR FORT PIERCE, FL 34950			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 _____ <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	D DANNAHOWER, WILLIAM R 809 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNAHOWER, LUOLA S 809 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAANHOWER, WILLIAM D 2017 S INDIAN RIVER DR FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DANNAHOWER, WILLIAM D. 2017 S. INDIAN RIVER DR FORT PIERCE, FL 34950 (Spelling correction 8-2-14)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNAHOWER, JAMES L 2015 S INDIAN RIVER DR FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNN, LINDA 1807 S INDIAN RIVER DR FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNAHOWER, STEPHEN B 4383 ISLAND CLOVE LANE CHARLOTTE, NC 28216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: William D. DanNAHOWER				1-22-08 772-618-0259	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	