
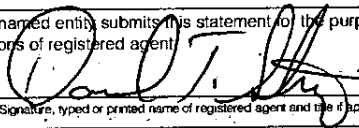
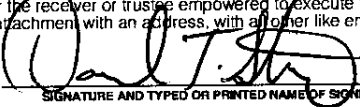


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90100 046 \*\*\*150.00

<b>DOCUMENT # P03000024181</b> 1. Entity Name <b>DAN STANG &amp; ASSOCIATES, INC.</b>					
Principal Place of Business 2314 SE 6TH AVE. CAPE CORAL, FL 33990			Mailing Address 2314 SE 6TH AVE. CAPE CORAL, FL 33990		
2. Principal Place of Business <b>3955-3 Edwards St.</b>		3. Mailing Address <b>3955-3 Edwards St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Myers FL</b>		City & State <b>Ft. Myers FL</b>		4. FEI Number <b>51-0455817</b>	
Zip <b>33916</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANDOLPH, MICHAEL D ESQ.</b> <b>1619 JACKSON ST.</b> <b>FT. MYERS, FL 33901</b>					
7. Name and Address of New Registered Agent Name <b>Dan Stang</b> Street Address (P.O. Box Number is Not Acceptable) <b>3955-3 Edwards St.</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33916</b>					
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  DATE <b>4/19/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANG, DAN 2314 SE 6TH AVE. CAPE CORAL, FL 33990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 another like empowered.			SIGNATURE:  DATE <b>4/19/04</b> Daytime Phone #		