2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 039 ***150.00

DOCUMENT # P03000087625

1. Entity Name
DANCO DIGITAL IMAGING, INC.

54000462

Principal Place of Business	Mailing Address
441 CENTRAL AVE ST. PETERSBURG, FL 33701	441 CENTRAL AVE ST. PETERSBURG, FL 33701

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12665 SEMINOLE BLVD.	12665 SEMINOLE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FLORIDA	City & State: LARGO, FLORIDA
Zip: 33778 Country: US	Zip: 33778 Country: US

4. FEI Number 20-0157800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name: DANIEL A. MANNELLO
Street Address (P.O. Box Number is Not Acceptable): 100 PALM DRIVE
City: LARGO FL Zip Code: 33770

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] 1/19/04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MANNELLO, DANIEL A		NAME		
STREET ADDRESS	441 CENTRAL AVE		STREET ADDRESS	100 PALM DRIVE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST-ZIP	LARGO, FL 33770	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 1/19/04 (727)581-3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #