


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 042 ***150.00

DOCUMENT # P03000117982	
1. Entity Name DANALI CONSTRUCTION, INC.	

Principal Place of Business P.O. BOX 153 753 OJACARANDA RD ANNA MARIA, FL 34216	Mailing Address P.O. BOX 153 753 OJACARANDA RD ANNA MARIA, FL 34216
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50010366



2. Principal Place of Business 709 84th St NW	3. Mailing Address 709 84th St NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State Bradenton FL	City & State Bradenton FL
Zip 34209-9551	Country USA
Zip 34209-9551	Country USA

4. FEI Number 57-1189373	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LA FLEUR, DANIEL A 753 JACARANDA RD. ANNA MARIA, FL 34216	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 709 84th St NW City Bradenton FL Zip Code 34209-9551	

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 X <i>Daniel A. Fleur</i>	DATE X 1/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MCFLOUR, DANIEL P.O. BOX 153 /153 TACARONDA RD ANNA MARIA, FL 34216 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: X <i>Daniel A. Fleur</i>	DATE X 1/27/05 DAYTIME PHONE # 941-720-0973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	