

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91006 018 ***150.00

DOCUMENT # P03000129650

1. Entity Name
DANPIE, INC.



Principal Place of Business

2675 INDIGO CIRCLE
MIDDLEBURG, FL 32068 60

Mailing Address

2675 INDIGO CIRCLE
MIDDLEBURG, FL 32068 60

24067416



2. Principal Place of Business

49 College Dr
Suite, Apt. #, etc.
APT 28

3. Mailing Address

49 College Dr
Suite, Apt. #, etc.
APT 28

01272004 Chg-P CR2E034 (10/03)

City & State

ORANGE PK FL

City & State

ORANGE PK FL

4. FEI Number

20-0382275

Applied For

Not Applicable

Zip

32065

Country

Zip

32065

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, DANIEL J
2675 INDIGO CIRCLE
MIDDLEBURG, FL CLAY

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

49 COLLEGE DR APT 28

City

ORANGE PK

FL

Zip Code

32065

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]

4-29-04

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

TITLE **P** ☐ Delete
NAME **PIERCE, DANIEL J**
STREET ADDRESS **2675 INDIGO CIRCLE**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **49 COLLEGE DR APT 28**
CITY-ST-ZIP **ORANGE PK FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #