

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90011 023 \*\*\*158.75

**DOCUMENT # P03000143907**

1. Entity Name

**DANA REALTY INC.**



Principal Place of Business

**6782 14 AVE NROTH  
ST PETERSBURG FL 33710**

Mailing Address

**6782 14 AVE NROTH  
ST PETERSBURG FL 33710  
4950 GULF BLVD #704  
ST. PETE BEACH FL 33706**

2. Principal Place of Business

**4950 GULF BLVD.**

3. Mailing Address

**4950 GULF BLVD**

Suite, Apt. #, etc.

**# 704**

Suite, Apt. #, etc.

**# 704**

City & State

**ST. PETE BEACH FL**

City & State

**ST. PETE BEACH, FL**

Zip

**33706**

Country

**USA**

Zip

**33706**

Country

**USA**

**6. Name and Address of Current Registered Agent**

**MCANUAL, DAVID D  
6782 14 AVE NROTH  
ST PETERSBURG FL 33710**

**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

*David D. McAnaul*

**DAVID D. MCANAU**

**7-25-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**D  
MCANAU, DAVID D  
6782 14 AVE NROTH  
ST PETERSBURG FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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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:**

*David D. McAnaul*

**DAVID D. MCANAU**

**7-25-04**  
**8952**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #