


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 016 ***158.75

DOCUMENT # P03000143907			
1. Entity Name DANA REALTY INC.			
Principal Place of Business 6782 14 AVE NORTH SAINT PETERSBURG FL 33710		Mailing Address 6782 14 AVE NORTH SAINT PETERSBURG FL 33710	
2. Principal Place of Business - No P.O. Box # 6782-14 AVE NORTH		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST PETERSBURG FL		City & State same	
Zip 33710	Country PINELLAS	Zip	Country PINELLAS
6. Name and Address of Current Registered Agent MCANAU, DAVID D D 6782 14 AVE NORTH ST. PETERSBURG FL 33710		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCANAU, DAVID D 6782 14 AVE NROTH ST PETERSBURG FL 33710 <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	PRES MCANAU, DAVID D 6782-14 AVE NORTH ST. PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2-27-07 727-344-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #