


**2006 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000063179**  
1. Entity Name  
**DANDE LION STYLES, INC.**



Principal Place of Business  
**104 PARIS CT  
NAPLES, FL 34112**

Mailing Address  
**104 PARIS CT  
NAPLES, FL 34112**

**DO NOT WRITE IN THIS SPACE**



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0980184**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent  
**DEAVERS, CHERYL L  
3920 VIA DEL REY  
UNIT 4  
BONITA SPRINGS, FL 34134**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DEAVERS, JANE
STREET ADDRESS	104 PARIS CT
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VPT
NAME	ROBISON, WILLIAM R
STREET ADDRESS	109 GREENCASTLE CIR
CITY-ST-ZIP	SPRINGFIELD, IL 62707
TITLE	D
NAME	DEAVERS, CHERYL L
STREET ADDRESS	1823 PRINCESS CT
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000483247  
04/11/06-80112-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 officers empowered.

SIGNATURE: Jane A. Deavers **3/15/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #