

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90092 044 \*\*\*150.00

<b>DOCUMENT # P04000099290</b>					
<b>1. Entity Name</b> DANNYVER INC					
<b>Principal Place of Business</b> 715 CENTENARY LOOP #207 LAKE MARY, FL 32746 US			<b>Mailing Address</b> 715 CENTENARY LOOP #207 LAKE MARY, FL 32746 US		
<b>2. Principal Place of Business</b> 656 Pickfair Terrace Suite, Apt. #, etc.		<b>3. Mailing Address</b> 656 Pickfair Terrace Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake Mary, FL Zip: 32746 Country:		<b>City &amp; State</b> Lake Mary, FL Zip: 32746 Country:		<b>4. FEI Number</b> 51-0513800	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> VERRETTE, DANNY R 715 CENTENARY LOOP #207 LAKE MARY, FL 32746			<b>7. Name and Address of New Registered Agent</b> Name: <u>Danny R Verrette</u> Street Address (P.O. Box Number is Not Acceptable): 656 Pickfair Terrace City: <u>Lake Mary</u> <u>FL</u> Zip Code: <u>32746</u>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VERRETTE, DANNY R 715 CENTENARY LOOP, #207 LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Verrette, Danny 656 Pickfair Terrace Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____		Date: <u>5-2-05</u> Daytime Phone #: <u>407-321-3662</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					