

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

DOCUMENT # P04000101008

1. Entity Name
DANROLEEN, INC.



01-18-2005 90075 001 ***150.00
01-18-2005 90075 002 *****8.75

Principal Place of Business
10113 SANDY HOLLOW LN
501
BONITA SPRING, FL 34135

Mailing Address
10113 SANDY HOLLOW LN
501
BONITA SPRING, FL 34135

66000142



2. Principal Place of Business

8346 Bamboo Rd

3. Mailing Address

8346 Bamboo Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-P

CR2E034 (10/03)

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

26-0091774

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREDA, EILEEN
10113 SANDY HOLLOW LN
501
BONITA SPRING, FL 34135

7. Name and Address of New Registered Agent

Name Pereda, Eileen

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

8346 Bamboo Rd

City Fort Myers

FL

Zip Code

33912

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

Eileen Pereda

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

(NOTE: Registered Agent signature required when reinstating)

1/10/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME PEREDA, EILEEN
STREET ADDRESS 10113 SANDY HOLLOW LN # 501
CITY-ST-ZIP BONITA SPRING, FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Pereda, Eileen
STREET ADDRESS 8346 Bamboo Rd
CITY-ST-ZIP Fort Myers, FL 33912

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Eileen Pereda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

(239) 405-0463

Daytime Phone #