

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000158636 1. Entity Name DANZIG PROFESSIONAL FINISHES INC.	
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Principal Place of Business 750 ST. JOSEPHS CT. SANFORD, FL 32771 US	Mailing Address P.O. BOX 470688 LAKE MONROE, FL 32747 US
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DO NOT WRITE IN THIS SPACE



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2024651	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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

DANZIG, ROBERT H  
 750 ST JOSEPHS CT.  
 SANFORD, FL 32771

DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANZIG, ROBERT H 750 ST. JOSEPHS CT. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANZIG, TIMOTHY E 750 1/2 ST. JOSEPHS CT. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80064-012 158.75

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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 like empowered.

SIGNATURE: Robert Danzig **Robert Danzig** 05-10-06 407-549-784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #