

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90022 030 ***158.75

DOCUMENT # P04000165122

1. Entity Name
T,DANA CORPORATION



Principal Place of Business
330 CRESTWOOD CIRCLE
#203
ROYAL PALM BEACH, FL 33411

Mailing Address
330 CRESTWOOD CIRCLE
#203
ROYAL PALM BEACH, FL 33411

50064371



2. Principal Place of Business
3300 Lantana RD
Suite, Apt. #, etc.

3. Mailing Address
3300 Lantana RD
Suite, Apt. #, etc.

08252005 Chg-P CR2E034 (10/03)

City & State
Lantana FL
Zip Country
33462 US

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Lantana FL
Zip Country
33462 US

4. FEI Number
37-1501150
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUBIN, DELOUIS
330 CRESTWOOD CIRCLE
#203
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
Street Address (P.O., Box Number is Not Acceptable)
3300 Lantana RD
City Lantana FL Zip Code 33462

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	P	<input type="checkbox"/> Delete
NAME	AUBIN, TRISHA	
STREET ADDRESS	330 CRESTWOOD CIRCLE #203	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AUBIN, DELOUIS	
STREET ADDRESS	330 CRESTWOOD CIRCLE #203	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3300 Lantana RD
CITY-ST-ZIP	Lantana FL 33462
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3300 Lantana RD
CITY-ST-ZIP	Lantana FL 33462
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/05 5646433