


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90023 045 \*\*\*158.75

**DOCUMENT # P05000037576**

1. Entity Name  
**W.D. DANES (INTL), INC.**



40025080

Principal Place of Business: 12289 PEMBROKE ROAD, STE. 99, PEMBROKE PINES, FL 33025

Mailing Address: 12289 PEMBROKE ROAD, STE. 99, PEMBROKE PINES, FL 33025



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

02222006 Chg-P CR2E034 (11/05)

City & State

Zip Country

4. FEI Number: **02-0740876**

Applied For:  Not Applicable

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

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

**7. Name and Address of New Registered Agent**

ROACH, MARGRETA L.  
 12289 PEMBROKE ROAD, STE. 99  
 PEMBROKE PINES, FL 33025

Name: **CUMBERBATCH, WAYNE P.**

Street Address (P.O. Box Number is Not Acceptable): **12289 PEMBROKE ROAD, STE. 99**

City: **PEMBROKE PINES FL** Zip Code: **33025**

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: *Wayne P. Cumberbatch* **WAYNE P. CUMBERBATCH PRESIDENT** **7-6-23-06**

(NOTE: Registered Agent signature required when reinstating) DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	CUMBERBATCH, WAYNE	
STREET ADDRESS	4480 SW 153 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROACH, MARGRETA L.	
STREET ADDRESS	4480 SW 153 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMBERBATCH, NICOLE	
STREET ADDRESS	4480 SW 153 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Wayne P. Cumberbatch* **Wayne P. Cumberbatch** **7-6-23-2006** **(703) 869 4149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #