

FILED
Sep 01, 2006 8:00 am
Secretary of State

66043110

DOCUMENT # P05000057677

1. Entity Name
DAN HIRSSIG, INC.

Principal Place of Business
129 39TH STREET E
BRADENTON, FL 34208

Mailing Address
129 39TH STREET E
BRADENTON, FL 34208

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

6- Name and Address of Current Registered Agent
HIRSSIG, DANIEL J
129 39TH STREET E
BRADENTON, FL 34208

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 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

PST
HIRSSIG, DANIEL J
129 39TH STREET E
BRADENTON, FL 34208

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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: [Signature]
Date 7-24-06