


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90014 048 \*\*\*550.00

<b>DOCUMENT # P05000104097</b> 1. Entity Name DAN AND NORA, INC.					
Principal Place of Business 301 S. HIGHLAND AVE. TARPON SPRINGS, FL 34689			Mailing Address 301 S. HIGHLAND AVE. TARPON SPRINGS, FL 34689		
2. Principal Place of Business <u>301 S. Highland Ave.</u> Suite, Apt. #, etc.		3. Mailing Address <u>301 S. Highland Ave.</u> Suite, Apt. #, etc.			
City & State <u>Tarpon Springs Florida</u>		City & State <u>Tarpon Springs, Florida</u>		4. FEI Number <u>550900675</u>	
Zip <u>34689</u>		Country <u>Pinellas</u>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  MCCABE, NORA J 301 S. HIGHLAND AVE. TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Nora J. McCabe Nora J. McCabe President</u> <u>09-01-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCABE, NORA J 301 S. HIGHLAND AVE. TARPON SPRINGS, FL 34689		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCCABE, DANIEL R 301 S. HIGHLAND AVE. TARPON SPRINGS, FL 34689		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   		<input type="checkbox"/> Delete		
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: <u>Nora J. McCabe</u>			<u>09-01-06</u> <u>727-487-3428</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		