2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# P93000041513

Entity Name: DAN MC CULLERS, INC.

Current Principal Place of Business:

12087 62 ST N
UNIT #5
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

876 BAY POINT DE
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 59-3183164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
465 S VOLUSIA AV, SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MC CULLERS, DANIEL
Address: 876 BAY POINT DRIVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VP (X) Delete
Name: FARRELL, STEVE
Address: 10930 EARHART DR
City-St-Zip: NEW PORT RICHEY, FL 34668

Title: TS ( ) Delete
Name: MCCULLERS, CONNIE
Address: 876 BAY POINT DR.
City-St-Zip: MADEIRA BEACH, FL 33708

Title: T ( ) Delete
Name: MCCULLERS, TIMOTHY
Address: 4323 37TH ST NORTH
City-St-Zip: ST PETE, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MCCULLERS, CONNIE
Address: 876 BAY POINT DR.
City-St-Zip: MADEIRA BEACH, FL 33708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE MCCULLERS VP 09/30/2008

Electronic Signature of Signing Officer or Director Date