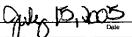
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 19, 2005 08:00 AM **Secretary of State DOCUMENT # P93000068793** 1. Entity Name DAN & GLENDA, INC. Mailing Address Principal Place of Business PO BOX 427 HIGHWAY 47 NORTH FT. WHITE, FL 32038 FT. WHITE, FL 32038 No Chg-P CR2E034 (10/03) 07052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3214519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HERLONG, MICHAEL DO NOT WRITE HERLONG HARDWARE HIGHWAY 47 NORTH IN THIS SPACE FT. WHITE, FL 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 DATE INDTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10, OFFICERS AND DIRECTORS TITLE HERLONG, GLENDA T NAME PO BOX 427 N/A STREET ADDRESS CITY -ST-ZIP FT. WHITE, FL 32038 TITLE D HERLONG, ED NAME U00000373509 07/19/05-80001-015 150.00 PO BOX 427 N/A STREET ADDRESS CITY-ST-ZIP FT. WHITE, FL 32038 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP



Daytime Phone #

FILED