


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-01-2006 90038 005 ***150.00

DOCUMENT # P93000068793 1. Entity Name DAN & GLENDA, INC.					
Principal Place of Business HIGHWAY 47 NORTH FT. WHITE, FL 32038			Mailing Address PO BOX 427 FT. WHITE, FL 32038		
2. Principal Place of Business 14192 SW 3847		3. Mailing Address PO Box 427			
Suite, Apt. #, etc. Fort White FL		Suite, Apt. #, etc. 			
City & State Fort White FL		City & State Fort White FL		4. FEI Number 59-3214519	
Zip 32038		Country Columbia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERLONG, MICHAEL HERLONG HARDWARE HIGHWAY 47 NORTH FT. WHITE, FL			7. Name and Address of New Registered Agent Name Michael Herlong Street Address (P.O. Box Number is Not Accepted) 337 SW Scattered Oaks Ct. Fort White City FL Zip Code 32038		
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><i>Michael Herlong</i></u> 2/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HERLONG, GLENDA T PO BOX 427 N/A FT. WHITE, FL 32038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HERLONG, E D PO BOX 427 N/A FT. WHITE, FL 32038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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><i>Kevin Herlong</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/9/06 386-497-2026 <small>Date Daytime Phone #</small>		