

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90076 012 ***550.00

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DOCUMENT # P94000094237

1. Entity Name
DANKEN, INC.



Principal Place of Business
**9235 ROE STREET
PENSACOLA FL 32514**

Mailing Address
**9235 ROE STREET
PENSACOLA FL 32514**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3295951**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GEMERDEN, BILL V
9235 ROE STREET
PENSACOLA FL 32514**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GEMERDEN, BILL VAN
STREET ADDRESS	8826 BURNINGTREE ROAD
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	VPT <input type="checkbox"/> Delete
NAME	GEMERDEN, KEN VAN
STREET ADDRESS	4409 CITADEL
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	VP <input type="checkbox"/> Delete
NAME	GEMERDEN, DAN VAN
STREET ADDRESS	3188 BIRDSEYE CIRCLE
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	VPT <input type="checkbox"/> Delete
NAME	VAN GEMERDEN, BARBARA
STREET ADDRESS	8826 BURNINGTREE RD
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 recorder 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:  **W VAN GEMERDEN** (850) 484-3225

SIGNATURE REQUIRED _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (10/02)