

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000077787

1. Entity Name
DANCO LAUNDRIES, INC.



Principal Place of Business 7071 N. MAIN STREET JACKSONVILLE, FL 32208	Mailing Address 3355 DEERFIELD PT DR ORANGE PARK, FL 32073 US
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3405475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUFHAM, SUSAN G
 ROBERT T. HOOD & ASSOCIATES, INC.
 101 CENTURY 21 DRIVE, SUITE 115
 JACKSONVILLE, FL 32216

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIECKER, DANIEL J 3355 DEERFIELD PT DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIECKER, CLOUDIA 3355 DEERFIELD PT DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000103293
 04/05/04-80050-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Daniel J Siecker* 3-30-04 904 779-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #