

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028874

FILED
Apr 15, 2005
Secretary of State

Entity Name: DAN-LYN ENTERPRISES, INC.

Current Principal Place of Business:

451 E. ALTAMONTE AVENUE
SUITE 1213
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

493 WINDING CREEK PLACE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3436634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINHART, BARRY
493 WINDING CREEK PLACE
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEINHART, BARRY
Address: 493 WINDING CREEK PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: STEINHART, GAYLE
Address: 493 WINDING CREEK PLACE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAYLE STEINHART

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04/15/2005

Electronic Signature of Signing Officer or Director

Date