

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2006 08:00 AM  
Secretary of State

DOCUMENT # P97000088349

1. Entity Name  
DANCOCK, INC.



Principal Place of Business  
4411 TAMI LANE  
KISSIMMEE, FL 34746

Mailing Address  
P O BOX 490  
INTERCESSION CITY, FL 33848 US



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3476255

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RITCH, JOHN B  
100 CHURCH STREET  
KISSIMMEE, FL 34741

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DANIELS, JIMMY R  
STREET ADDRESS 1836 DANIELS ST  
CITY - ST - ZIP KISSIMMEE, FL 34746

TITLE D  
NAME HANCOCK, PAULETTE  
STREET ADDRESS 1621 CHARITY ST  
CITY - ST - ZIP INTERCESSION CITY, FL 33848

TITLE D  
NAME HANCOCK, TOMMY  
STREET ADDRESS 3455 FORREST DR  
CITY - ST - ZIP KISSIMMEE, FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000415994  
02/11/06-80107-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Paulette Hancock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/06 407 847-0339