2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000026902

1. Entity Name
DANDE CASH SYSTEMS, INC.

Principal Place of Business	Mailing Address
11200 102ND AVENUE #157 LARGO, FL 33778	11200 102ND AVENUE #157 LARGO, FL 33778

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3565345
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, LOUISE
11200 102ND AVE, #157
LARGO, FL 33778

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEAN, LOUISE
STREET ADDRESS	11200 102ND AVENUE #157
CITY ST ZIP	LARGO, FL 33778
TITLE	DVP
NAME	DANCY, MEL
STREET ADDRESS	14850 WESTON RD
CITY ST ZIP	KING CITY, ON 178 ik4
TITLE	ST
NAME	DEAN, LOUISE
STREET ADDRESS	11200 102ND AVE., #157
CITY ST ZIP	LARGO, FL 33778
TITLE	AS
NAME	DANCY, THELMA
STREET ADDRESS	14850 WESTON RD.
CITY ST ZIP	KING CITY, ON 178 ik4
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/15/04-80041-013 150.00

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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)(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 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: Louise Dean LOUISE DEAN 01/12/04 727-319-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number