

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000026902

1. Entity Name
DANDE CASH SYSTEMS, INC.



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

Mailing Address
**11200 102ND AVENUE #157
LARGO, FL 33778**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, LOUISE 11200 102ND AVENUE #157 LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DANCY, MEL 14850 WESTON RD KING CITY, ON I78 Ik4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEAN, LOUISE 11200 102ND AVE., #157 LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANCY, THELMA 14850 WESTON RD. KING CITY, ON I78 Ik4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/06-80032-001 150.00

**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: Louise Dean LOUISE DEAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/06
Date

737-319-6049
Daytime Phone #