


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000026902 1. Entity Name DANDE CASH SYSTEMS, INC.	
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Principal Place of Business 11200 102ND AVENUE #157 LARGO, FL 33778	Mailing Address 11200 102ND AVENUE #157 LARGO, FL 33778
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01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3565345	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent DEAN, LOUISE 11200 102ND AVE, #157 LARGO, FL 33778

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	
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02/07/07-80025-009 150.00

**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 01/28/07 (727)319-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #