

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90042 021 \*\*\*150.00

**DOCUMENT # P99000059250**

1. Entity Name

DANS CUSTOM WOODWORKING, INC.



Principal Place of Business

870 INDUSTRIAL COURT  
PENSACOLA, FL 32505-1900

Mailing Address

870 INDUSTRIAL COURT  
PENSACOLA, FL 32505-1900

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3588378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRANJEC, MLADEN S  
3845 BELLEMEADE COURT  
PENSACOLA, FL 32503-4366

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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, 2005 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 KRANJEC, MLADEN S  
STREET ADDRESS 870 INDUSTRIAL COURT  
CITY- ST- ZIP PENSACOLA, FL 325051900

TITLE VP  
NAME KRANJEC, LJERKA S  
STREET ADDRESS 870 INDUSTRIAL COURT  
CITY- ST- ZIP PENSACOLA, FL 325051900

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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: Mladen Simic Kranjec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.22.05

Date

(850) 479 1119

Daytime Phone #