


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**


02-14-2008 90014 005 \*\*\*150.00

<b>DOCUMENT # P99000059250</b>	
1. Entity Name <b>DANS CUSTOM WOODWORKING, INC.</b>	

Principal Place of Business <b>870 INDUSTRIAL COURT PENSACOLA FL 32505-1900</b>	Mailing Address <b>870 INDUSTRIAL COURT PENSACOLA FL 32505-1900</b>
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2. Principal Place of Business - No P.O. Box # <b>870 Industrial ct.</b>	3. Mailing Address <b>870 Industrial ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pensacola FL.</b>	City & State <b>Pensacola FL.</b>
Zip <b>32505</b>	Zip <b>32505</b>
Country	Country

	
1st MOORE	CR2E034 (10/07)
4. FEI Number <b>59-3588378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>KRANJEC, MLADEN S 2523 BAYVIEW WAY PENSACOLA FL 32503-4366</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>2523 Bayview Way</b>
City	<b>Pensacola FL</b>
Zip Code	<b>32503</b>

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 <b>Mladen Simic Kranjec</b>	DATE <b>2.4.08</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KRANJEC, MLADEN S 870 INDUSTRIAL COURT PENSACOLA FL 32505-1900</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KRANJEC, LJERKA S 870 INDUSTRIAL COURT PENSACOLA FL 32505-1900</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Mladen Simic Kranjec</b>	DATE: <b>2.4.08</b> (850) 479-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	