

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000061082

1. Entity Name  
DANE M. ESDELLE AND ASSOCIATES, INC



Principal Place of Business Mailing Address  
5010 NW 41 COURT 5010 NW 41 COURT  
FORT LAUDERDALE, FL 33319 US FORT LAUDERDALE, FL 33319 US



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0936903 Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ESDELLE, DANE M  
5010 NW 41 COURT  
FORT LAUDERDALE, FL 33019

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000321190  
04/21/05-80066-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ESDELLE, DANE M  
STREET ADDRESS 5010 NW 41 COURT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05 954-735-2326  
Date Daytime Phone #