

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90640 012 ***150.00

DOCUMENT # P99000096186

1. Entity Name
DANCOL, INC.



Principal Place of Business

**12277 SW 55TH STREET, STE. 903
COOPER CITY, FL 33330**

Mailing Address

**12277 SW 55TH STREET, STE. 903
COOPER CITY, FL 33330**

14001939



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0961924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHROEDER, POUL
14269 NW 19 STREET
PEMBROKE PINES, FL 33028**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHROEDER, POUL
STREET ADDRESS	14269 NW 19TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	SCHROEDER, DORA
STREET ADDRESS	14269 NW 19TH STREET
CITY-ST-ZIP	PEMBROKE PINE, FL 33028
TITLE	D
NAME	SHAPPE, ALLEN P
STREET ADDRESS	17400 NE 12TH CT.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POUL SCHROEDER

Date

Daytime Phone #

4-1-2004 954-434-0465