## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000098418

1. Entity Name

DAN DANFORTH CONSTRUCTION, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Daytime Phone #

Principal Place of Business

1831 PEYTON DRIVE PENSACOLA, FL 32503 Mailing Address

1831 PEYTON DRIVE PENSACOLA, FL 32503



## DO NOT WRITE IN THIS SPACE

| 04282004 No Chg-P     |                  | CR2E034 (10/03) |                                   |  |
|-----------------------|------------------|-----------------|-----------------------------------|--|
| 4. FEI Number 59-3623 |                  |                 | Applied For<br>Not Applicable     |  |
| 09-30Z3               | 002              |                 | [Not Applicable                   |  |
| 5. Certificate of     | f Status Desired |                 | \$8.75 Additional<br>Fee Required |  |

6. Name and Address of Current Registered Agent

DANFORTH, DANIEL E 1831 PEYTON DRIVE PENSACOLA, FL 32503

SIGNATURE:

ē

## 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                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                             |  |                                |                                           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|--|--------------------------------|-------------------------------------------|--|--|
| Signaline_typed or printed name of registereplagent and talle (If applicable (NOTE Registered Agent signature required when reinstating)  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                                             |  |                                |                                           |  |  |
| FILE NOW!!! FEE 1S \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                | 9. Election Campaign<br>Trust Fund Contribu |  | \$5.00 May Be<br>Added to Fees | 000000148235<br>05/03/04-80137-025 150.00 |  |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICERS AND DIREC                                             | TORS                                        |  |                                |                                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>DANFORTH, DAN<br>1831 PEYTON DRIVE<br>PENSACOLA, FL 32503 |                                             |  |                                |                                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                                             |  |                                |                                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                             |  | DO                             | NOT WRITE                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                                             |  | IN                             | THIS SPACE                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                             |  |                                |                                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                             |  |                                |                                           |  |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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. |                                                                |                                             |  |                                |                                           |  |  |

RINTED NAME OF SIGNING OFFICER OR DIRECTOR