

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90002 011 ***150.00

DOCUMENT # S98946

1. Entity Name

J. R. DANGER ENTERPRISES, INC.



Principal Place of Business

503 MCGREGOR ST
PUNTA GORDA FL 33950

Mailing Address

503 MCGREGOR ST
PUNTA GORDA FL 33950

3401101

2. Principal Place of Business

311 E. HENRY ST
Suite, Apt. #, etc.

3. Mailing Address

311 E. HENRY ST
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA FL

4. FEI Number

65-0300817

Applied For

Not Applicable

Zip

33950

Country

USA

Zip

33950

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARCHOL, MARTHA S.
1633 SE 47TH TER
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDST	<input type="checkbox"/> Delete
NAME	RANDOLPH, III, JAMES G	
STREET ADDRESS	503 MCGREGOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RANDOLPH, IV, JAMES G	
STREET ADDRESS	503 MCGREGOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	S	<input type="checkbox"/> Delete
NAME	RANDOLPH, JASON G	
STREET ADDRESS	503 MCGREGOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	311 E. HENRY ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	311 E. HENRY ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	311 E. HENRY ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James G. Randolph III
JAMES G. RANDOLPH III

8/30/04 941-505-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #