

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-04-2005 90050 050 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K32923			
1. Entity Name W. W. DANIELS CO.			
Principal Place of Business 3801 W LAKE MARY BLVD. SUITE 119 LAKE MARY, FL 32746		Mailing Address 3801 W LAKE MARY BLVD. SUITE 119 LAKE MARY, FL 32746	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent J. GREGORY HUMPHRIES, ESQ. 201 E. PINE ST., # 701 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Corporation Company of Orlando Street Address (P.O. Box Number is Not Acceptable) 300 S. Orange Ave., Suite 1000 (JGH) City Orlando FL Zip Code 32801	
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 <i>J. Gregory Humphries</i> J. Gregory Humphries, Vice Pres. DATE 3-17-2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCMILLAN, MICHAEL J 38 S. STONEGATE LAKE MARY, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P-AS-T ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S Maureen A. Grossman 3801 W. Lake Mary Blvd., Suite 119 Lake Mary, FL 32746 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Michael J. McMillan</i> Michael J. McMillan, Pres 3/14/05 (407) 320-0702		Date Daytime Phone #	

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03092005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2914961** Applied For ☐ Not Applicable ☐

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