

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112365

**FILED**  
**Jan 07, 2007**  
**Secretary of State**

**Entity Name:** DANIELS GENERAL CONTRACTING, INC.

**Current Principal Place of Business:**

447 3RD AVE. N., SUITE 203  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

PO BOX 6754  
BRANDON, FL 33508

**Current Mailing Address:**

447 3RD AVE. N., SUITE 203  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

PO BOX 6754  
BRANDON, FL 33508

FEI Number: 20-0344284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLMAN, DANIEL D.  
447 3RD AVE. N., SUITE 203  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: GALLMAN, DANIEL  
Address: 447 3RD AVE. N., SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS (X) Change ( ) Addition  
Name: GALLMAN, DANIEL  
Address: PO BOX 6754  
City-St-Zip: BRANDON, FL 33508

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL GALLMAN

P

01/07/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date