

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000110560

**Entity Name:** DANIELS EDUCATION CORP.

**Current Principal Place of Business:**

5600 AIRPORT BLVD  
SUITE C  
TAMPA, FL 33634

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**7753522465CC**

**Current Mailing Address:**

5600 AIRPORT BLVD  
SUITE C  
TAMPA, FL 33634 US

**FEI Number: 59-3698207**

**Certificate of Status Desired: No**

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

DANIELS, DAVID  
5600 AIRPORT BLVD., SUITE C  
TAMPA, FL 33634 US

*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

**Officer/Director Detail :**

Title	D	Title	D
Name	DANIELS, DANIEL F	Name	DANIELS, DAVID
Address	4403 WEST CLEVELAND STREET	Address	4014 GUNN HWY # 160
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33618

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID DANIELS**

**CONTROLLER**

**03/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date