2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # 156738** 1. Entity Name THE DANIELL COMPANY Principal Place of Business Mailing Address GILLMORE III, FREDERICK GILLMORE III, FREDERICK 5985 TONAWANDA DRIVE 5985 TONAWANDA DRIVE PENSACOLA, FL 32506 PENSACOLA, FL 32506 04122005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0611210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILLMORE, FREDERICK III DO NOT WRITE 5985 TONAWANDA DRIVE PENSACOLA, FL 32506 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 Stoneture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000323242 Trust Fund Contribution. Added to Fees 04/22/05-80046-004 150.00 OFFICERS AND DIRECTORS 10. ۷D TITLE NAME HOBGOOD, RANDALL S STREET ADDRESS 5985 TONAWANDA DRIVE CITY-ST-ZIP PENSACOLA, FL 32506 PD TITLE GILLMORE, FREDERICK III NAME STREET ADDRESS 5985 TONAWANDA DRIVE PENSACOLA, FL 32506 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 of 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE: And TYPED OF PRINTED HAVE OF SHARING OFFICER OF DIRECTOR DIRECTOR DELIC DE