

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 170882

Entity Name: JOE DANIEL, INC.

FILED  
Jun 12, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 4944  
16400 NW 57 AVE.  
HIALEAH, FL 33014

## New Principal Place of Business:

16401 N. W. 58 AVE.  
HIALEAH, FL 33014

## Current Mailing Address:

P.O. BOX 4944  
16400 NW 57 AVE.  
HIALEAH, FL 33014

## New Mailing Address:

P. O. BOX 4944  
HIALEAH, FL 33014

FEI Number: 59-0709883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEADOR, DOTTI CAPELETTI  
16401 N.W. 58 AVENUE  
HIALEAH, FL 33014 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: D ( ) Delete  
Name: MEADOR, DOTTI C.,  
Address: 15900 W. PRESTWICK PLACE  
City-St-Zip: MIAMI LAKES, FL

Title: PD ( ) Delete  
Name: CAPELETTI, J.D.,  
Address: 4918 EXETER ESTATE LANE  
City-St-Zip: LAKE WORTH, FL

Title: TD ( ) Delete  
Name: KITCHENS, O.L.,  
Address: 4600 JACKSON ST.  
City-St-Zip: HOLLYWOOD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: MEADOR, DOTTI C.,  
Address: 16121 ABERDEEN WAY  
City-St-Zip: MIAMI LAKES, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOTTI CAPELETTI MEADOR

VPD

06/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date