
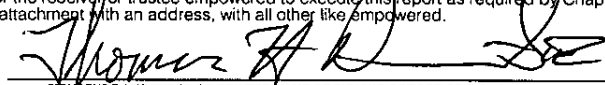


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90151 027 \*\*\*150.00

<b>DOCUMENT # 283906</b> 1. Entity Name <b>DANIELS PLUMBING COMPANY, INC.</b>					
Principal Place of Business <b>1120 SIXTH ST S W WINTER HAVEN, FL 33880-0868</b>			Mailing Address <b>1120 SIXTH ST S W WINTER HAVEN, FL 33880-0868</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04282005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-1055678</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DANIELS, CHARLES F 1120 6TH ST SW WINTER HAVEN, FL 33880</b>			Name <b>THOMAS HEYWARD DANIELS II</b> Street Address (P.O. Box Number is Not Acceptable) <b>1120 6TH ST SW</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33880</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>V</b> <b>DANIELS, STEVEN B</b> <b>1120 SIXTH ST SW</b> <b>WINTER HAVEN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>DANIELS JR, CHARLES F</b> <b>1120 SIXTH ST SW</b> <b>WINTER HAVEN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE <b>PRES, SEC, TREASURER</b> NAME <b>THOMAS HEYWARD DANIELS, II</b> STREET ADDRESS <b>1120 6TH ST SW</b> CITY - ST - ZIP <b>WINTER HAVEN FL 33880</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/29/05</b> Daytime Phone # <b>863-293-8653</b>					

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