


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 303136</b> 1. Entity Name <b>DANIELS-ELLIS, INC.</b>					
Principal Place of Business <b>9601 N. PALAFOX BLDG 6B PENSACOLA FL 32514</b>			Mailing Address <b>9824 HEATHER DR. CANTONMENT FL 32533-7411</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. # etc			
City & State		City & State		4. FEI Number <b>59-1119512</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DANIELS, L B 9824 HEATHER DR. CANTONMENT FL 32533-7411</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	PD DANIELS, L B 9824 HEATHER DR. CANTONMENT FL 32533-7411		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <div style="text-align: center;"> <b>U000000056600</b>  <b>02/19/04-80027-009 150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ELLIS, J W 9601 N. PALAFOX ST. BLDG 6B PENSACOLA FL 32514		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 an other like empowered.					
<b>SIGNATURE: <u>LEONARD B. DANIELS</u></b> <div style="text-align: right;"> <b>1/23/04 850</b>  <b>969-1302</b> </div>					