

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90043 010 ***150.00

DOCUMENT # 303136

1. Entity Name
DANIELS-ELLIS, INC.



Principal Place of Business
9601 N. PALAFOX
BLDG 6B
PENSACOLA FL 32514

Mailing Address
9824 HEATHER DR.
CANTONMENT FL 32533-7411



2. Principal Place of Business - No P.O. Box #

9601 N PALAFOX

Suite, Apt. #, etc.

Bldg. 6B

City & State

PENSACOLA, FLA

Zip

32534

Country

ESCAMBIA

3. Mailing Address

9601 N. PALAFOX

Suite, Apt. #, etc.

Bldg 6B

City & State

PENSACOLA, FLA

Zip

32534

Country

ESCAMBIA

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-1119512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, L B
9824 HEATHER DR.
CANTONMENT FL 32533-7411

Mailing Address →

7. Name and Address of New Registered Agent

Name **DANIELS-ELLIS INC**

Street Address (P.O. Box Number is Not Acceptable)

9601 N. PALAFOX Bldg 6B

PENSACOLA, FLA 32534

City

FL

Zip Code

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 **John W ELLIS**

Signature, typed or printed name of registered agent and title if applicable.

(Not a Registered Agent signature required when reissuing)

3-11-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DANIELS, L B**
STREET ADDRESS **9824 HEATHER DR.**
CITY- ST- ZIP **CANTONMENT FL 32533-7411**

TITLE **STD** ☐ Delete
NAME **ELLIS, J W**
STREET ADDRESS **9601 N. PALAFOX ST. BLDG 6B**
CITY- ST- ZIP **PENSACOLA FL 32514**

TITLE **VP** ☐ Delete
NAME **John W ELLIS**
STREET ADDRESS **9601 N PALAFOX Bldg 6B**
CITY- ST- ZIP **PENSACOLA, FLA 32534**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

John W ELLIS **John W ELLIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #