

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 323060**

1. Entity Name

**WARREN E. DANIELS CONSTRUCTION COMPANY**



Principal Place of Business

821 NE 36TH TERRACE  
#6  
OCALA FL 34470

Mailing Address

821 NE 36TH TERRACE  
#6  
OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

**59-1209484**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, WARREN E**  
**12525 SE SUNSET HARBOR RD**  
**WEIRSALE FL 32195**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIELS, WARREN E	
STREET ADDRESS	12525 SE SUNSET HARBOR RD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIELS, BONNIE W	
STREET ADDRESS	12525 SE SUNSET HARBOR BLVD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTH, CAROLYN I	
STREET ADDRESS	2740 W EDISON PLACE	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000209945  
02/02/05-80060-017 150.00

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.

SIGNATURE:

*Warren E. Daniels*

**Warren E. Daniels**  
**President/Director**

**1-19-05**

**352/694-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #