

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90009 047 \*\*\*150.00

**DOCUMENT # 323060**  
 1. Entity Name  
**WARREN E. DANIELS CONSTRUCTION COMPANY**



Principal Place of Business      Mailing Address  
**821 NE 36TH TERRACE**      **821 NE 36TH TERRACE**  
**#6**      **#6**  
**OCALA FL 34470**      **OCALA FL 34470**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**821 NE 36 Terrace**      **same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#14**      **#14**

1st MOORE      CR2E034 (10/07)

City & State      City & State  
**Ocala, FL.**  
 Zip      Country  
**34470**      **Marion**

4. FEI Number      Applied For  
**59-1209484**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DANIELS, WARREN E SR**  
**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      DATE  
Signature, typed or printed name of registered agent and title, if applicable.      (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 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 SR	
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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 any other like empowered.

**SIGNATURE:** *Warren E Daniels*      **Warren E. Daniels, President**      **2-28-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day:16 Phone \*