

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90025 035 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # 360370 1. Entity Name DANIELS ENTERPRISES CORP.					
Principal Place of Business 6405 NINTH ST NORTH ST PETERSBURG, FL 33702			Mailing Address 6405 NINTH ST NORTH ST PETERSBURG, FL 33702		
2. Principal Place of Business 1492 Excaliber Drive		3. Mailing Address 1492 Excaliber Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 59-1286480	
Zip 33764		Country Pinellas		Applied For <input type="checkbox"/> Not Applicable	
Zip 33764		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, THOMAS B JR 6405 NINTH ST NORTH ST PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name THOMAS B. Daniels Jr. Street Address (P.O. Box Number is Not Acceptable) 1492 Excaliber Drive City Clearwater FL Zip Code 33764		
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 1-25-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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, JR T 6405 NINTH ST NORTH ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS B. Daniels Jr 1492 Excaliber Drive Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS B. Daniels Jr 1492 Excaliber Drive Clearwater, FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS B. Daniels Jr 1492 Excaliber Drive Clearwater, FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS B. Daniels Jr 1492 Excaliber Drive Clearwater, FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS B. Daniels Jr 1492 Excaliber Drive Clearwater, FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS B. Daniels Jr 1492 Excaliber Drive Clearwater, FL 33764	<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.					
SIGNATURE: THOMAS B. Daniels, Jr 1-25-2005 727-531-5686 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					