2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Mar 24, 2004 08:00 AM Secretary of State **DOCUMENT #382327** 1. Entity Name DANIEL PAINTING, INC. Principal Place of Business Mailing Address 1621 N. MAYFAIR ROAD 1621 N MAYFAIR ROAD FT MYERS FLA, 33919 FT MYERS, FL 33919 US 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1346331 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DANIEL, ROY E 1621 N MAYFAIR RD FT MYERS, FL 33901 IN THIS SPACE B. 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 site if applicable. (NOTE Registered Agent signature required when reinstalling) U000000095547 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/24/04-80037-005 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DANIEL, ROY E NAME 1621 N MAYFAIR RD STREET ADDRESS FT MYERS, FL 33919 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP

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 employeed.

SIGNATURE:

TITLE NAME STREET ADDRESS

NG OFFICER OR DIRECTOR

03/18/04

239-481-2868

Caytime Phone #

FILED