


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90001 050 \*\*\*150.00

<b>DOCUMENT # 399454</b>		
1. Entity Name A.A. O'DANIEL, INC.		

Principal Place of Business 6762 NO. PALAFOX ST. PENSACOLA, FL 32503 US	Mailing Address 5500 PENSACOLA BLVD PENSACOLA, FL 32505 US
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94045401

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 6762 N. Palafox St. Suite, Apt. #, etc.
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02232004 Chg-P CR2E034 (10/03)

City & State Pensacola, FL	4. FEI Number 59-1406708	Applied For <input type="checkbox"/> Not Applicable
Zip 32503	Country Ecuador	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAEL S. O'DANIEL 6762 N. PALATCA STREET. PEMSACOLA, FL 32503		7. Name and Address of New Registered Agent Name A.A. O'Daniel Street Address (P.O. Box Number is Not Acceptable) 6762 N. Palafox Street City Pensacola FL Zip Code 32503	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust/Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O DANIEL, ALLISON A 6762 NO. PALAFOX ST. PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **4-30-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #