

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 465216

1. Entity Name
W. CLYDE DANIEL CONSTRUCTION, INC.



Principal Place of Business
**23203 CORTEZ BLVD.
BROOKSVILLE, FL 34601 US**

Mailing Address
**5025 BASEBALL POND RD.
BROOKSVILLE, FL 34602 US**



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1558858

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANIEL, WILLIAM C.
5025 BASEBALL POND RD
BROOKSVILLE, FL 34602**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DANIEL, WILLIAM C
STREET ADDRESS	5025 BASEBALL POND RD
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	PD
NAME	DANIEL, WILLIAM M.
STREET ADDRESS	4435 BASEBALL POND RD.
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	D
NAME	DANIEL, DORIS M
STREET ADDRESS	5025 BASEBALL POND RD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	STD
NAME	BORGIALLI, ANN D.
STREET ADDRESS	7236 CLAYTON RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000581303
01/10/07-80081-020 158.75
U00000278263
01/09/07-80021-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: *Ann D. Borgia*
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-07 (352) 796-6930