

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 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



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1558858

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000784708  
01/16/08-80063-021 158.75

**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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-10-07 (352) 796-6930