

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 518145

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** DANIELS SALES COMPANY, INC.

**Current Principal Place of Business:**

341 HOWELL BLUFF RD  
PONCE DELEON, FL 32455 US

**New Principal Place of Business:**

**Current Mailing Address:**

341 HOWELL BLUFF RD  
PONCE DELEON, FL 32455 US

**New Mailing Address:**

**FEI Number:** 59-1706082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIELS, JANE  
341 HOWELL BLUFF RD  
PONCE DELEON, FL 32455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DANIELS, JANE W  
Address: 341 HOWELLS BLUFF RD.  
City-St-Zip: PONCE DE LEON, FL 32455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE DANIELS

PRES

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date