# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2009**
**Secretary of State**

DOCUMENT# F32980

**Entity Name:** THE LLOYD DANIEL CORPORATION

**Current Principal Place of Business:**

1600 S FEDERAL HWY
STE 811
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11693
FT LAUDERDALE, FL 33339 US

**New Mailing Address:**

**FEI Number: 59-2109759** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCALF, CHAD D
63 CASTLE HARBOR ISLE
FT. LAUDERDALE, FL 33308 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete
Name: SCALF, LINDA L,
Address: 1170 N. FEDERAL HWY, #1012
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: PD ( ) Delete
Name: SCALF, LLOYD D,
Address: 1170 N. FEDERAL HWY, #1012
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VSD ( ) Delete
Name: SCALF, CHAD D
Address: 63 CASTLE HARBOR ISLE
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: SCALF, LLOYD D,
Address: 1170 N. FEDERAL HWY, #1012
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: PSD (X) Change ( ) Addition
Name: SCALF, CHAD D
Address: 63 CASTLE HARBOR ISLE
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHAD D SCALF PSD 01/12/2009

Electronic Signature of Signing Officer or Director Date