## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # F35361**

1. Entity Name

THE DAILY GROUP, INC.



Principal Place of Business

132 SEVENTH AVENUE, SOUTH

P.O. BOX 214 SAFETY HARBOR, FL 34695 Mailing Address

132 SEVENTH AVENUE, SOUTH P.O. BOX 214

SAFETY HARBOR, FL 34695

## FILED Feb 01, 2005 8:00 am Secretary of State

02-01-2005 90036 049 \*\*\*150.00



### DO NOT WRITE IN THIS SPACE

01202005. No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2131565

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAILY, PATRICK H 132 7TH AVE., SOUTH SAFETY HARBOR, FL 34695

# DO NOT WRITE IN THIS SPACE

B. The above named entity submiss his statement for the purpose of changing its registered aging, or both, in the State of Florida, I am familiar with, and accept the obligations of registered aging, or both, in the State of Florida, I am familiar with, and accept the obligations of registered aging, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of the State of Florida, I am familiar with, and accept the state of the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the state of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida, I am familiar with and accept the State of Florida,					
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### FILE NOW!! FEE IS 3150.00 #### Trust Fund Contribution ##### Trust Fund Contribution ##### Trust Fund Contribution ####################################	SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signatu	re required when reinstating)	DATE
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12. I hereby certify that the information supplied with this filling 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: CARE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-05 727-726-0233

Daytime Phone #