2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004348

Title:

Name:

Address:

City-St-Zip:

FILED Jan 16, 2004 Secretary of State

Entity Name: WILLIAM E. DAILEY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1424 VERMONT RT 7A SHAFTSBURY, VT 05201 US **Current Mailing Address: New Mailing Address:** 1424 VERMONT RT 7A SHAFTSBURY, VT 05201 US FEI Number: 03-0191348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIRCH, DEAN W ESQUIRE GATLIN & BIRCH, P.A. 620 TWIGGS STREET, DIXON BUILDING TAMPA, FL 33602 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DAILEY, WILLIAM E III Name: Name: 458 EHRICH RD. Address: Address: City-St-Zip: SHAFTSBURY, VT 05262 City-St-Zip: **VDS** Title: Title: () Delete () Change () Addition DAILEY, MICHAEL J Name: Name: 140 REGWOOD DR. Address: Address: City-St-Zip: BENNINGTON, VT 05201 City-St-Zip: Title: Title: () Delete () Change () Addition DAILEY, RICHARD J Name: Name: 411 TWITCHELL HILL RD. Address: Address: SHAFTSBURY, VT 05262 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DAILEY, TIMOTHY J Name: Name: Address: 4051 CARLYLE LAKES BLVD Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN M. AHEARN Τ 01/16/2004

() Delete

AHEARN, JOHN M

BENNINGTON, VT 05201

8 EASTVIEW DR

() Change () Addition