

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006114

1. Entity Name
DAILY UNDERWRITERS OF AMERICA COMPANY



Principal Place of Business
1072 HARRISBURG PIKE
CARLISLE, PA 17013

Mailing Address
1072 HARRISBURG PIKE
CARLISLE, PA 17013

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
23-2051681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LONG, ROBERT F
STREET ADDRESS	300 BELVEDERE ST.
CITY-STATE-ZIP	CARLISLE, PA 17013
TITLE	PD
NAME	CUMMINGS, KENNETH F
STREET ADDRESS	38 CREEKVIEW DR.
CITY-STATE-ZIP	CARLISLE, PA 17013
TITLE	VD
NAME	WERTZ, ROBERT H
STREET ADDRESS	900 COCKLIN ST.
CITY-STATE-ZIP	MECHANICSBURG, PA 17055
TITLE	STD
NAME	SMITH, HARRY C
STREET ADDRESS	207 W. YELLOW BREECHES RD.
CITY-STATE-ZIP	CARLISLE, PA 17013
TITLE	D
NAME	GOOD, SAMUEL J JR.
STREET ADDRESS	815 FAIRVIEW RD.
CITY-STATE-ZIP	CARLISLE, PA 17013
TITLE	VD
NAME	KEPNER, DWAYNE A
STREET ADDRESS	51 MT. ZION RD.
CITY-STATE-ZIP	CARLISLE, PA 17013

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05/03/05-80147-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

JOHN P. MITCHELL

4/27/05

Date

717-240-2425

Daytime Phone #