


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90217 048 \*\*\*150.00

<b>DOCUMENT # F98000006114</b> 1. Entity Name <b>DAILY UNDERWRITERS OF AMERICA COMPANY</b>					
Principal Place of Business <b>1072 HARRISBURG PIKE CARLISLE, PA 17013</b>			Mailing Address <b>1072 HARRISBURG PIKE CARLISLE, PA 17013</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04232007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>23-2051681</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LONG, ROBERT F 300 BELVEDERE ST. CARLISLE, PA 17013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMINGS, KENNETH F 38 CREEKVIEW DR. CARLISLE, PA 17013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WERTZ, ROBERT H 900 COCKLIN ST. MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, HARRY C 207 W. YELLOW BREECHES RD. CARLISLE, PA 17013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, SAMUEL J JR. 815 FAIRVIEW RD. CARLISLE, PA 17013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEPNER, DWAYNE A 51 MT. ZION RD. CARLISLE, PA 17013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>John P. Mitchell</i> <b>JOHN P. MITCHELL</b> 4/23/07    717-240-2125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

ATTACHMENT  
40086977

# F98000006114

DAILY UNDERWRITERS OF AMERICA

ADDITIONAL OFFICERS & DIRECTORS

TITLE: D  
NAME: JOHN P. MITCHELL  
ADDR: 19 S. LEWISBERRY ROAD  
CITY/ST/ZIP: MECHANICSBURG, PA 17055

TITLE: D  
NAME: DARL E. HORN  
ADDR: 6391 STEPHEN'S CROSSING  
CITY/ST/ZIP: MECHANICSBURG, PA 17055

TITLE: D  
NAME: REGINA M. BROWN  
ADDR: 900 W. SOUTH STREET  
CITY/ST/ZIP: CARLISLE, PA 17013

TITLE: VD  
NAME: TODD R. LONG  
ADDR: 5 WELLINGTON CT.  
CITY/ST/ZIP: CARLISLE, PA 17013