

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # H38713

1. Entity Name
MCDANIEL CONTRACTORS, INC.



Principal Place of Business

**1104 WEST ADAMS ST.
JACKSONVILLE, FL 32204 US**

Mailing Address

**3536 UNIVERSITY BLVD N
STE 158
JACKSONVILLE, FL 32277 US**



06082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2484991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDANIEL, MITCHELL L.
3536 UNIVERSITY BLVD N
STE 158
JACKSONVILLE, FL 32277**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, MITCHELL L. 3917 KADEN DR. E. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDANIEL, KATHERINE L. 3917 KADEN DR. E. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/10/05-80005-008 150.00

**DO NOT WRITE
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)(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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Katherine M. Daniel *Katherine M. Daniel* 06/05/05 904-743-5424