

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90055 033 \*\*\*150.00

**DOCUMENT # J63773**

1. Entity Name

MCDANIEL GRADING, INC.



Principal Place of Business

1700 13TH ST  
STE 1  
SAINT CLOUD FL 34769  
US

Mailing Address

1700 13TH ST  
STE 1  
SAINT CLOUD FL 34769  
US

2. Principal Place of Business

3. Mailing Address

428 FIFTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32824

USA



MOORE

CR2E034 (11/03)

4. FEI Number 59-2802375

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CARPENTER, CONNIE C  
1700 13TH ST  
STE 1  
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

Name HAROLD E. MEDANIEL  
Street Address (P.O. Box Number is Not Acceptable)  
428 5TH STREET  
City ORLANDO FL Zip Code 32824

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]*

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VS  
NAME MCDANIEL, HAROLD  
STREET ADDRESS 428 5TH STREET  
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE PDT  
NAME CARPENTER, CONNIE  
STREET ADDRESS 2540 HICKORY TRAIL ROAD  
CITY-ST-ZIP SAINT CLOUD FL 34772 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

407-856-1012

Date

Daytime Phone #