2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J97300

1. Entity Name
DAISY MAE VI, INC.

Principal Place of Business	Mailing Address
C/O DAN HOOD	C/O DAN HOOD
2293 BEVERLY LANE	2293 BEVERLY LANE
CLEARWATER, FL 34624 US	CLEARWATER, FL 34624 US
33764	33764

DO NOT WRITE IN THIS SPACE
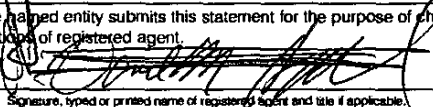
01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3279257	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOOD, DANIEL M
2293 BEVERLY LANE
CLEARWATER, FL 34624 33764
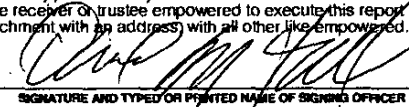
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS				
TITLE	PD				
NAME	HOOD, DANIEL M				
STREET ADDRESS	2293 BEVERLY LANE				
CITY-ST-ZIP	CLEARWATER, FL 33764				
TITLE	VP				
NAME	MAHONEY, ERIC M				
STREET ADDRESS	1002 8TH AVE NW				
CITY-ST-ZIP	LARGO, FL 33770				
TITLE	ST				
NAME	HOOD, KRISTEN W				
STREET ADDRESS	2293 BEVERLY LANE				
CITY-ST-ZIP	CLEARWATER, FL 33764				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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 #

DANIEL M HOOD   PRES

727-442-1502