2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K83689

1. Entity Name

DANIEL RESIDENTIAL, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3406 KENSINGTON AVE. TAMPA, FL 33629

3406 KENSINGTON AVE. TAMPA, FL 33629



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2961429

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL, DAVID S. 3406 KENSINGTON AVE. TAMPA, FL 33629

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		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	tille if applicable (NOTE, Registere	d Agent signaturi	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000916329 05/12/08-80023-014 150.00
10. OFFICERS AND DI TITLE DPV NAME DANIEL, DAVID S. STREET ADDRESS 3406 KENSINGTON AVE. CITY-ST-ZIP TAMPA, FL	RECTORS			
TITLE DST NAME DANIEL, LESLIE B. STREET ADDRESS 3406 KENSINGTON AVE. CITY-ST-ZIP TAMPA, FL			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY- ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY- ST-ZIP				

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ec/lreas 4/21,

Daytime Phone