

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # M97135

1. Entity Name
DAILY & TSAGARIS, P.A.



Principal Place of Business
**2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER, FL 33763**

Mailing Address
**2555 ENTERPRISE ROAD
STE 10
CLEARWATER, FL 33763 US**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2899554	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

**DAILY, TIMOTHY
2555 ENTERPRISE RD
STE 10
CLEARWATER, FL 33763**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000629343
02/16/07-80053-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAILY, TIMOTHY C.
STREET ADDRESS	2555 ENTERPRISE RD #10
CITY-ST-ZIP	CLEARWATER, FL

TITLE	D
NAME	TSAGARIS, JOHN S.
STREET ADDRESS	2555 ENTERPRISE RD #10
CITY-ST-ZIP	CLEARWATER, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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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 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:

Timothy C Daily
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07
Date

727-991-1040
Daytime Phone #