## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2007 08:00 AM Secretary of State

DOCUMENT #	P00000041	509
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1. Entity Name

MICHAEL S. O'DANIEL JR, P.A.



Principal Place of Business

Mailing Address

400 EAST JACKSON STREET PENSACOLA, FL 32501 400 EAST JACKSON STREET PENSACOLA, FL 32501



## DO NOT WRITE IN THIS SPACE

01152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3652261

Applied For Not Applicable

5. Certificate of Status Desired ...

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'DANIEL, MICHAEL S 400 EAST JACKSON STREET PENSACOLA, FL 3250

> of the corporation or the recei changed, or on an attachmen

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

9 The above	named agin, submits this statement for the a	woose of changing its ro	gistered office or	enistered agent, or hot	th, in the State of Florida. I am familiar with, and accept
	named entity submits this statement for the properties of registered agent.	nihosa oi cusuðinð irz taí	Alerated office of t	egistalan agent, Or DOI	in, si tito otate oi i ipitua. I atti tattiilas with allu accept
A14114=15=					
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Re	egistered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P O'DANIEL, MICHAEL S JR. 400 EAST JACKSON STREET PENSACOLA, FL 32501				U0000007400
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000687402 04/10/07-80039-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>1</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the col	certify that the information supplied with the fit on this report or supplymental report is the receiver or flustee with the fit regarding of the receiver or flustee with the fit of the receiver or flustee with the fit of the fit o	iling does not qualify for the and accurate and that my to execute this leport as	the exemptions co signature shall ha s required by Char	intained in Chapter 119 ive the same legal effector 607, Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directories; and that my name appears in Block 10 or Block 11 if

NO OFFICER OR DIRECTOR