


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90390 001 ***150.00

DOCUMENT # P00000047056

1. Entity Name
PARKER DANIELS, INC.



Principal Place of Business
**9400 GLADIOLUS DRIVE SUITE 250
 FT MYERS, FL 33908**

Mailing Address
**9400 GLADIOLUS DRIVE SUITE 250
 FT MYERS, FL 33908**

24030150

2. Principal Place of Business
**9001 DANIELS PARKWAY
 SUITE 200**

3. Mailing Address
**9001 DANIELS PARKWAY
 SUITE 200**



02232004 Chg-P CR2E034 (10/03)

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33912

Country

4. FEI Number
65-1040504

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ANDREW SERVICE CORPORATION OF FLORIDA
 201 N FRANKLIN ST
 SUITE 2100
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICK, ADAM 9400 GLADIOLUS DRIVE SUITE 250 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REISMAN, JOHN 9400 GLADIOLUS DRIVE SUITE 250 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GULLO, VINCENT 9400 GLADIOLUS DRIVE STE 250 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS KNIZNER, DAVID 9400 GLADIOLUS DRIVE STE 250 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID KNIZNER **3/29/04** **239.981.5040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #