

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000047056

1. Entity Name  
PARKER DANIELS, INC.



Principal Place of Business  
9001 DANIELS PKWY., STE 200  
FORT MYERS, FL 33912

Mailing Address  
9001 DANIELS PKWY., STE 200  
FORT MYERS, FL 33912



07072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GLICK, ADAM  
STREET ADDRESS 9001 DANIELS PKWY., STE 200  
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE DP  
NAME REISMAN, JOHN  
STREET ADDRESS 9001 DANIELS PKWY., STE 200  
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE V  
NAME GULLO, VINCENT  
STREET ADDRESS 9001 DANIELS PKWY., STE 200  
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE VTS  
NAME KNIZNER, DAVID  
STREET ADDRESS 9001 DANIELS PKWY., STE 200  
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000373119  
07/18/05-80002-016 \$50.00

**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)(f), 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

7/7/05 239.481.540  
Date Daytime Phone #