


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 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



03292006 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	

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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:  **DAVID KNIZNER** 3/29/06 239.481.5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #