


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90045 042 \*\*\*150.00

**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**

**40072333**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04012008 Chg-P CR2E034 (12/06)

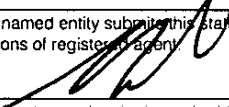
4. FEI Number  
**65-1040504**

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 **STEPHEN J. MITCHELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 N. FRANKLIN STREET, SUITE 2100**  
 City **TAMPA** FL Zip Code **33602**

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  **Stephen J. Mitchell** DATE **4/2/08**

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, 2008 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLICK, ADAM</b>	NAME	
STREET ADDRESS	<b>9001 DANIELS PKWY., STE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REISMAN, JOHN</b>	NAME	
STREET ADDRESS	<b>9001 DANIELS PKWY., STE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GULLO, VINCENT</b>	NAME	
STREET ADDRESS	<b>9001 DANIELS PKWY., STE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIZNER, DAVID</b>	NAME	
STREET ADDRESS	<b>9001 DANIELS PKWY., STE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **ELAINE M. STULTZ** DATE **4/4/08** DAYTIME PHONE # **239.481.5040 x 206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR