
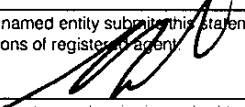
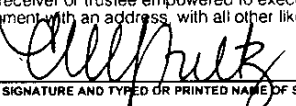


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P00000047056</b>					
1. Entity Name <b>PARKER DANIELS, INC.</b>					
Principal Place of Business <b>9001 DANIELS PKWY., STE 200 FORT MYERS, FL 33912</b>			Mailing Address <b>9001 DANIELS PKWY., STE 200 FORT MYERS, FL 33912</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N FRANKLIN ST SUITE 2100 TAMPA, FL 33602</b>			Name <b>STEPHEN J. MITCHELL</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>201 N. FRANKLIN STREET, SUITE 2100</b>		
			City <b>TAMPA</b> FL Zip Code <b>33602</b>		
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 4/2/08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 4/4/08 239.481.5040x206		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		

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04012008 Chg-P CR2E034 (12/06)

4. FEI Number **65-1040504** Applied For ☐ Not Applicable ☐

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