

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047056

Entity Name: PARKER DANIELS, INC.

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1040504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, STEPHEN J.
201 N FRANKLIN ST
SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLICK, ADAM
Address: 9001 DANIELS PKWY., STE 200
City-St-Zip: FORT MYERS, FL 33912

Title: DP () Delete
Name: REISMAN, JOHN
Address: 9001 DANIELS PKWY., STE 200
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: GULLO, VINCENT
Address: 9001 DANIELS PKWY., STE 200
City-St-Zip: FORT MYERS, FL 33912

Title: VTS () Delete
Name: KNIZNER, DAVID
Address: 9001 DANIELS PKWY., STE 200
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KNIZNER

VTS

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date