



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90014 004 \*\*\*150.00

<b>DOCUMENT # P00000113087</b> 1. Entity Name <b>MISS DAISY'S INC.</b>					
Principal Place of Business <b>16520 WELLINGTON LAKES CIR FT MYERS, FL 33908</b>				Mailing Address <b>16520 WELLINGTON LAKES CIR FT MYERS, FL 33908</b>	
2. Principal Place of Business <i>17054 Colony Lakes Blvd.</i> Suite, Apt. #, etc.		3. Mailing Address <i>17054 Colony Lakes Blvd.</i> Suite, Apt. #, etc.			
City & State <i>FT MYERS, FL</i>		City & State <i>FT MYERS, FL</i>		02192005    Chg-P    CR2E034 (10/03)	
Zip <i>33908</i> Country <i>Lee</i>		Zip <i>33908</i> Country <i>Lee</i>		4. FEI Number <b>65-1060806</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SIMMONS, COLLEEN K 16520 WELLINGTON LAKES CIR FT MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, COLLEEN K 16520 WELLINGTON LAKES CIR FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Colleen K Simmons 17054 Colony Lakes Blvd. FT MYERS, FL 33908</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Colleen Simmons</i> <i>Colleen Simmons</i> <i>2-17-05</i> <i>239-482-5146</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					