

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000038721

1. Entity Name
DANIEL W. JORDAN ENTERPRISES, INC.



Principal Place of Business
**473 S. INDIANA AVE
ENGLEWOOD, FL 34223**

Mailing Address
**473 S. INDIANA AVENUE
ENGLEWOOD, FL 34223**



DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1093558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, DANIEL W
1489 YORKSHIRE ST
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **JORDAN, DANIEL W**
STREET ADDRESS **1489 YORKSHIRE ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D**
NAME **JORDAN, CATHERINE**
STREET ADDRESS **1489 YORKSHIRE ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000000568373
07/07/06-80006-005 150.00**

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IN THIS SPACE**

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: Catherine P. Jordan, Catherine P. Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06 (941)474-1255

Date

Daytime Phone #