

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068335

Entity Name: TOM MCDANIEL & ASSOCIATES, INC.

FILED  
May 01, 2005  
Secretary of State

## Current Principal Place of Business:

206 SECOND ST  
ST AUGUSTINE, FL 32084

## New Principal Place of Business:

2500 OAK HAMMOCK PRESERVE BV  
KISSIMMEE, FL 34746

## Current Mailing Address:

206 SECOND ST  
ST AUGUSTINE, FL 32084

## New Mailing Address:

2500 OAK HAMMOCK PRESERVE BV  
KISSIMMEE, FL 34746

FEI Number: 65-1119404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 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: P ( ) Delete  
Name: MCDANIEL, THOMAS H  
Address: 206 SECOND ST  
City-St-Zip: ST AUGUSTINE, FL 32084

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCDANIEL, THOMAS H  
Address: 2500 OAK HAMMOCK PRESERVE BV  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS H MCDANIEL

P

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date