2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT May 24, 2004 08:00 AM.---Secretary of State **DOCUMENT # P01000069549** MCDANIEL FIRE PROTECTION SERVICES, INC. Principal Place of Business Mailing Address 10231 METRO PARKWAY STE 105 10231 METRO PARKWAY STE 105 FORT MYERS, FL 33912 FORT MYERS, FL 33912 03132003 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0705263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDANIEL, JL II DO NOT WRITE 10231 METRO PARKWAY STE 105 FORT MYERS, FL 33912 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TILE MCDANIEL, JL 11 MAME STREET ADDRESS 10231 METRO PARKWAY STE 105 FORT MYERS, FL 33912 CITY-ST-ZIP U00000161306 TIFLE 05/24/04-80003-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP MIDE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 33TE NAME STREET ADDRESS COY-ST-ZIP TELE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplied entity 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 receives or triates amplywered 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 applyings, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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