

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024326

FILED
May 03, 2004
Secretary of State

Entity Name: SM DANIEL & ASSOCIATES, INC.

Current Principal Place of Business:

3600 SOUTH STATE RD 7
SUITE 234
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3600 SOUTH STATE RD 7
SUITE 234
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 02-0561919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANIEL, SONYA M
118 ALLEN ROAD
HOLLYWOOD, FL 33023

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLENDINEN, EUGENE G
Address: 16045 SELBORNE DRIVE
City-St-Zip: SAN LEANDRO, CA 94578

Title: D () Delete
Name: BAILEY, ORTHAN
Address: 16 OXFORD LANE
City-St-Zip: HARRIMAN, NY 10926

Title: D () Delete
Name: DANIEL, VERTILEE B
Address: 216 TWO WILLIAMS
City-St-Zip: ST. CROIX, VI 00841

Title: PDT () Delete
Name: DANIEL, SONYA M
Address: 118 ALLEN RD
City-St-Zip: HOLLYWOOD, FL 33023

Title: VDS () Delete
Name: DANIEL, LAWRENCE A
Address: 350 NW 134 AVENUE #204
City-St-Zip: PEMBROKE PINES, FL 33028

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:

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

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: SONYA M. DANIEL

PDT

05/03/2004

Electronic Signature of Signing Officer or Director

Date