

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000024326

1. Entity Name  
SM DANIEL & ASSOCIATES, INC.



Principal Place of Business  
118 ALLEN RD  
HOLLYWOOD, FL 33023

Mailing Address  
118 ALLEN RD  
MIRAMAR, FL 33023



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0561919 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DANIEL, SONYA M  
118 ALLEN ROAD  
HOLLYWOOD, FL 33023

**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

*Sonya M. Daniel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000540502  
05/10/06-80021-005 158.75

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CLENDINEN, EUGENE G  
STREET ADDRESS 16045 SELBORNE DRIVE  
CITY-ST-ZIP SAN LEANDRO, CA 94578

TITLE D  
NAME BAILEY, ORTHAN  
STREET ADDRESS 16 OXFORD LANE  
CITY-ST-ZIP HARRIMAN, NY 10926

TITLE D  
NAME DANIEL, VERTILEE B  
STREET ADDRESS 216 TWO WILLIAMS  
CITY-ST-ZIP ST. CROIX, VI 00841

TITLE PDT  
NAME DANIEL, SONYA M  
STREET ADDRESS 118 ALLEN RD  
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE VDS  
NAME DANIEL, LAWRENCE A  
STREET ADDRESS 350 NW 134 AVENUE #204  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

*Sonya M. Daniel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06  
Date

(954) 967-8390  
Daytime Phone #