
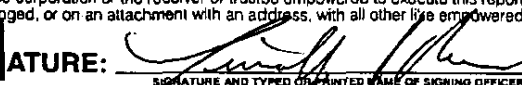


FILED  
May 17, 2004 8:00 am  
Secretary of State

04-19-2004 90362 010 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000050228</b>			
1. Entity Name <b>DANIELS BOYS INC.</b>			
Principal Place of Business <b>12790 AVALON COVE DR SOUTH JACKSONVILLE, FL 32224</b>		Mailing Address <b>12790 AVALON COVE DR SOUTH JACKSONVILLE, FL 32224</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>27-0056646</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PEPER, RICHARD C JR 8833 PERIMETER PARK BLVD SUITE 602 JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, TIMOTHY 12790 AVALON COVE DR SOUTH JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 live empowered.			
SIGNATURE: 		Date: <b>3/14/04</b> Daytime Phone: <b>904 7571085</b>	

66422340



02292004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

FL

DATE

9. Election Campaign Financing  
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS  
CITY-ST-ZIP

PD  
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12790 AVALON COVE DR SOUTH  
JACKSONVILLE, FL 32224

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904 7571085

3/14/04

Timothy Daniels

23157