## 2006 FOR PROFIT CORPORATION

## May 01, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P03000050228 1. Entity Name DANIELS BOYS INC. Principal Place of Business Mailing Address 12790 AVALON COVE DR SOUTH 12790 AVALON COVE DR SOUTH JACKSONVILLE, FL 32224 IACKSONVILLE, FL 32224 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0056646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PEPER, RICHARD C JR DO NOT WRITE 8833 PERIMETER PARK BLVD SUITE 602 JACKSONVILLE, FL 32216 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TOTE DANIELS, TIMOTHY STREET ADDRESS 12790 AVALON COVE DR SOUTH U00000556762 05/17/06-80022-018 150.00 JACKSONVILLE, FL 32224 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 autients.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**