

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081647

FILED  
Jul 28, 2004  
Secretary of State

Entity Name: MCDANIEL BUSINESS SERVICES, INC.

## Current Principal Place of Business:

1507 NEW JERSEY AVENUE  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 2343  
PANAMA CITY, FL 32402

## New Mailing Address:

FEI Number: 20-0111544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDANIEL, GRADY W  
2801 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444 US

## 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: P ( ) Delete  
Name: MCDANIEL, CATHY  
Address: 1507 NEW JERSEY AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Delete  
Name: MCDANIEL, DAVID B  
Address: 1507 NEW JERSEY AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Delete  
Name: MCDANIEL, GRADY W  
Address: 2801 COUNTRY CLUB DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S, T ( ) Delete  
Name: MCDANIEL, MARGARET  
Address: 2801 COUNTRY CLUB DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

## 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:

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: GRADY W. MCDANIEL

VP

07/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date