2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000084044

PENÉLOPE DAILY CORP.

FILED Mar 18, 2004 8:00 am Secretary of State

03-18-2004 90034 021 ***150.00

				A COUNTY	57				
Principal Place of Business		Mailing Address	Mailing Address						
1342 GROSVENOR SQUARE DR. JACKSONVILLE, FL. 32207			1342 GROSVENOR SQUARE DR. JACKSONVILLE, FL 32207			94031781			
					1 (ED)(130) (
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CB3E03Å*446*65°°		
City 9 Charl			City & State				Ch2E034 (10/03)		
City & Stat	ie	City & State			4. FEI Numb	oer -10106303	 	oplied For	
Zip Country		Zip	Zip Coun				¢0 75	titional	
					5. Certificate	5. Certificate of Status Desired Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DAILY, DAVID M				Name					
1342 GRO	SVENOR SQUARE DR. VILLE, FL. 32207				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Code	. 1	
8. The above pamed 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 act the obligations of registered agent.								and accept	
17 1/									
SIGNATURE_	Signature, typed or printed larne of registered age	ent and title if applicable. (NOT	F D			3	115,04		
	Capacitati spico di parindo parindo di regissione age	arresto me a spondabile (MO)	e; riegistered	Agent signature n	equired when reinstating)	T	DATE		
FILE NOW!! FEE IS \$150.00					\$5.00 May Be			·	
After Ma	y 1, 2004 Fee will be \$550	7.00 Trust Fund Con	tribution.		Added to Fees				
.10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	L. CHANGES TO OFFICER	RS AND DIRECTORS	S IN 11	
TLE	Р	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	DAILY, PENELOPE		NAME						
CITY-ST-ZIP	1342 GROSVENOR SQUARE 1 JACKSONVILLE, FL 32207	DR. ;		ST-ZIP			•		
TITLE	TACKOOKVILLE, I E 32207		_						
NAME		☐ Delete	TITLE NAME	1			Change	☐ Addition	
STREET ADDRESS				T ADORESS					
CITY-ST-ZIP	**		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME	,				1	
CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE		Delete	TITLE	Δ1 · ΣΙΙ				T 42 ***	
NAME			NAME				☐ Change	Addition	
- STREET ADDRESS	والمراجع والمعارض والمستهدين والمستهدين	** -		T ADDRESS			~	· . + -; ·	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-	ST-ZIP					
THTLE		☐ Delete	TITLE				Change	Addition	
name Street address			NAME						
JIIILLI ADOIRDO			SIREE	T AODRESS				1	

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 like empowered.

CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

3.15.04

904-137-788Z

☐ Change

☐ Addition

Daytime Phone #