

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 033 ***150.00

DOCUMENT # P03000091044

1. Entity Name
JOHNNY M. DANIELS, INC.



Principal Place of Business Mailing Address
16444 LYNNETTE AVE. 16444 LYNNETTE AVE.
PORT CHARLOTTE, FL 33953 US PORT CHARLOTTE, FL 33953 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
286 Camrose Street PO Box 380549
Suite, Apt. #, etc. Suite, Apt. #, etc.

02072007 Chg-P CR2E034 (12/06)

(P03000091044P)

City & State Port Charlotte, FL City & State Murdock, FL 4. FEI Number 20-0160754 Applied For Not Applicable
Zip 33954 Country USA Zip 33938 Country USA 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DANIELS, CONNIE L Name
16444 LYNNETTE AVE. Street Address (P.O. Box Number is Not Acceptable)
PORT CHARLOTTE, FL 33953 286 Camrose Street
City Port Charlotte FL Zip Code 33954

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, JOHNNY M SR		NAME	PO Box 380549	
STREET ADDRESS	16444 LYNNETTE AVE.		STREET ADDRESS	Murdock, FL 33938	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, CONNIE L		NAME	PO Box 380549	
STREET ADDRESS	16444 LYNNETTE AVE.		STREET ADDRESS	Murdock, FL 33938	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Connie L. Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 941-625-0039
Date Daytime Phone #