2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-25-2006 90028 005 ****50.00
08-15-2006 90002 038 ***100.00

DOCUMENT # P03000109370

1. Entity Name
DANIEL FOLEY, INC.

Principal Place of Business	Mailing Address
963 PARADISE ISLAND DR DEFUNIAK SPGS FL 32433 US	P O BOX 1086 DEFUNIAK SPRINGS FL 32435 US

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
366 Paradise Island Dr	Daniel Foley INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 1086
City & State: Defuniak Sps. Florida	City & State: Defuniak Sps. Florida
Zip: 32433 Country: US	Zip: 32433 Country: US

4. FEI Number 55-0847841 ☐ Applied For ☐ Not Applicable

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
FOLEY, DANIEL L 963 PARADISE ISLAND DEFUNIAK FL 32433	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOLEY, DANIEL L P O BOX 1086 DEFUNIAK SPRINGS FL 32435 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC FOLEY, DANIEL L P O BOX 1086 DEFUNIAK SPRINGS FL 32435 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40101513

#D03080109378

To Whom it may Concern;

I did not recieve any notice, accept the late notice. I do not have access to a computer. I recived the ~~filing~~ forms by mail on 19 July 2006

Thank you;

Daniel Felty