

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000114979	
1. Entity Name DANIELS-BELVISO, INC.	
Principal Place of Business 3737 N MAIN ST GAINESVILLE, FL 32609	Mailing Address 3737 N MAIN ST GAINESVILLE, FL 32609



DO NOT WRITE IN THIS SPACE

07272005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0847785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**QUINCEY, JAMES S
111 SE 1ST AVE
GAINESVILLE, FL 32601**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DANIELS, ROLAND C 532 SW 117TH ST GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BELVISO, MARK R 8620 S ORANGE BLOSSOM TRIAL ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/01/05-80002-026 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK R. BELVISO

V.P.

7/28/05

Date

407-438-2020

Daytime Phone #