

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000122164

1. Entity Name
RAYMOND MCDANIEL, INC.



FILED

06 JUL 31 AM 10:35

Principal Place of Business
7037 GULF BREEZE CIRCLE
HUDSON, FL 34667 US

Mailing Address
7037 GULF BREEZE CIRCLE
HUDSON, FL 34667 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
13806 Little Road
Suite, Apt. #, etc.

3. Mailing Address
13806 Little Road
Suite, Apt. #, etc.

07262006 Chg-P CR2E034 (11/05)

P.O. Box # 117
City & State

P.O. Box # 117
City & State

4. FEI Number
20-0374475
Applied For
Not Applicable

Hudson, FL
Zip Country

Hudson, FL
Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

34667 Pasco

34667 Pasco

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, RAYMOND
7037 GULF BREEZE CIRCLE
HUDSON, FL 34667

Name
Mc Daniel, Raymond
Street Address (P.O. Box Number is Not Acceptable)
7101 Gulf Breeze Cir
City
Hudson FL Zip Code
34667

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

7-27-06

Amended AR is \$61.25

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 P.T
STREET ADDRESS MCDANIEL, RAYMOND
CITY-ST-ZIP 7037 GULF BREEZE CIRCLE
HUDSON, FL 34667 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 006-4708453-1009068796
CITY-ST-ZIP DEPOSIT ONLY 0.00

TITLE
NAME ~~MCDANIEL, JOYCE~~ ☒ Delete
STREET ADDRESS ~~7037 GULF BREEZE CIRCLE~~
CITY-ST-ZIP ~~HUDSON, FL 34667~~

TITLE
NAME Secretary ☐ Change ☐ Addition
STREET ADDRESS 000078279450
CITY-ST-ZIP 08/02/06-01060--001 **70.00
zemke, Robert
10044 Frierson Lake Dr
Hudson, FL 34669

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 000078279590
CITY-ST-ZIP 08/02/06-01060--001 **70.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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

JK 8/2