

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90066 038 \*\*\*150.00

<b>DOCUMENT # P04000012769</b> 1. Entity Name <b>DAYLIN CONSTRUCTION &amp; DEVELOPMENT ENTERPRISES, INC</b>																																																																																																																							
Principal Place of Business <b>P.O. BOX 1798 SANTA ROSA BEACH FL 32459</b>			Mailing Address <b>P.O. BOX 1798 SANTA ROSA BEACH FL 32459</b>																																																																																																																				
2. Principal Place of Business		3. Mailing Address																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip	Country	Zip	Country																																																																																																																				
6. Name and Address of Current Registered Agent				4. FEI Number <b>20-0693291</b>																																																																																																																			
<b>SPRADLIN, DAVID B 505 SEAWINDS DR SANTA ROSA BEACH FL 32459</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																			
				7. Name and Address of New Registered Agent																																																																																																																			
				Name																																																																																																																			
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																			
				City																																																																																																																			
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"><b>SPRADLIN, DAVID B</b></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"><b>505 SEAWINDS DR SANTA ROSA BEACH FL 32459</b></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"><b>VP SPRADLIN, SANDRA C</b></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"><b>505 SEAWINDS DR SANTA ROSA BEACH FL 32459</b></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"><b>SEC SPRADLIN, DAVID W</b></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"><b>505 SEAWINDS DR SANTA ROSA BEACH FL 32459</b></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>SPRADLIN, DAVID B</b>					CITY-ST-ZIP	<b>505 SEAWINDS DR SANTA ROSA BEACH FL 32459</b>					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>VP SPRADLIN, SANDRA C</b>					CITY-ST-ZIP	<b>505 SEAWINDS DR SANTA ROSA BEACH FL 32459</b>					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>SEC SPRADLIN, DAVID W</b>					CITY-ST-ZIP	<b>505 SEAWINDS DR SANTA ROSA BEACH FL 32459</b>					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP					
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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.																																																																																																																							
<b>SIGNATURE: <i>David Bruce Spradlin</i> David Bruce Spradlin 4-27-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																							