


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90216 045 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000046185			
1. Entity Name DANIEL LYTLE, INC.			
Principal Place of Business 7565 A BREEZE DR N FT. MYERS, FL 33917		Mailing Address 7565 A BREEZE DR N FT. MYERS, FL 33917	
2. Principal Place of Business 1818 N.E. 18th Ave Suite, Apt. #, etc.		3. Mailing Address 1818 N.E. 18th Ave. Suite, Apt. #, etc.	
City & State Cape Coral FL Zip 33909 Country USA		City & State Cape Coral FL Zip 33909 Country USA	
4. FEI Number		<input checked="" type="checkbox"/> 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 LYTLE, DANIEL R 7565 A BREEZE DR N FT. MYERS, FL 33917		7. Name and Address of New Registered Agent Name Lytle, Daniel R. Street Address (P.O. Box Number is Not Acceptable) 1818 N.E. 18th Ave. City Cape Coral FL Zip Code 33909	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LYTLE, DANIEL R OWNER 7565 A BREEZE DR N FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lytle, Daniel R. 1818 NE 18th Ave Cape Coral FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: Daniel R. Lytle		4/25/05 239-671-1090	