FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90216 045 ***158.75

2005 FOR PROFIT CORPORATION

ANNUAL REPORT						0.20200	5 7 0 2 1 0 0 1		70.75	
DOCUMENT # P04000046185										
1. Entity Nam	ne e									
DANIEL LYTLE, INC.										
				III.						
Principal Place of Business Mailing Address						140	06406	5.		
7565 A BREEZE DR 7565 A BREEZE DR			•			- 40	00300	•		
N FT. MYERS, FL 33917 N FT. MYERS, FL 33917										
	75									
2. Principal Place of Business 1818 N.E. 18 ^{+h} Ave 1818 N.E. 18 th			18th Ave.				 	16 1 1612 1 1 11		
Suite, Apt. #, etc. Suite, Apt. #, etc.			10		03092005	Chg-P	CR2E034	(10/03)		
City & State City & State					4. FEI Numbe			1.//An	plied For	
City & State Cape Coral FL Cape Coral F			FL	1	4. PENNUNK	31		<u> </u>	Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		.75 Add		
3390	9 USA 6. Name and Address of Current	33909	<u>usa</u>			Address of New R		Required	<u> </u>	
	O, Hallo and Modess of Current	Nogletored Agent	Name ,	<u>ا</u> ــــــــــــــــــــــــــــــــــــ						
LYTLE, DANIEL R				Street Address (P.O. Box Number is Not Acceptable)						
7565 A BREEZE DR N FT. MYERS, FL 33917										
				1818 N.E. 18th Ave.						
			City	(^auca\		FL	Zip Code 2,70	19	
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 South the Provided During of Innochronal agent and title if applicable (INDTE Regulatored Agent application required when representation). DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent aignature required when remotating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
After M	ay 1, 2005 Fee will be \$550.0	DO Trust Fund Contrit	bution.	ACCRO	no Fees					
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF		/		
TIFLE NAME	D LYTLE, DANIEL R OWNER	Oelete	TITLE NAME	10 10+1e	. Danie!	R.	(V	Change	Addition	
STREET ADDRESS	7565 A BREEZE DR		STREET ADORESS	1818	L, Daniel 3 NE 18 th	Ave				
CITY-ST-ZIP	N FT. MYERS, FL 33917		CITY-ST-ZIP			FL 33909				
TITLE		Delete	IIITE					Change	☐ Addition	
HAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
FIFLE		☐ Detete	TITLE			······································		Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		Delete	TITLE					Changa	Addition	
NAME			NAME					•		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP					Chann	☐ Addition	
TITLE		☐ Delzte	TITLE				لب.ا	Change		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
12 Nacabu	certify that the information supplied with	this filing does not qualify for t	the everyther state	ed in Secti	tion 119 07(3)	i). Florida Statidae	further certify t	that the lo	formation	
indicated	certify that the information supplied with on this report or supplemental report $lpha$	true and accurate and that my	y signature shall ha	ave the sai	me legal effec	t as it made under o	path; that I am e	n officer	or director	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: