


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90032 009 \*\*\*550.00

<b>DOCUMENT # P04000109800</b>					
1. Entity Name <b>MARK T. DANIELS INTERIOR REMODELING CORPORATION</b>					
Principal Place of Business <b>4160 CENTRAL SARASOTA PKWY - # 622 SARASOTA FL 34238</b>			Mailing Address <b>4160 CENTRAL SARASOTA PKWY - # 622 SARASOTA FL 34238</b>		
2. Principal Place of Business <b>2121 Wood Street</b>			3. Mailing Address <b>2121 Wood Street</b>		
Suite, Apt. #, etc. <b>C-209</b>			Suite, Apt. #, etc. <b>C-209</b>		
City & State <b>Sarasota, FL</b>			City & State <b>Sarasota, FL</b>		
Zip <b>34237</b>	Country <b>USA</b>	Zip <b>34237</b>	Country <b>USA</b>	4. FEI Number <b>56-2474284</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DANIELS, MARK T 4160 CENTRAL SARASOTA PKWY - # 622 SARASOTA FL 34238</b>				7. Name and Address of New Registered Agent Name <b>Daniels, Mark T</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 Wood St., C-209</b> City <b>Sarasota, FL</b> Zip Code <b>34237</b>	
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 <u><i>Le T. Dal</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>8/24/05</u>					
<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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANIELS, MARK T 4160 CENTRAL SARASOTA PKWY - # 622 SARASOTA FL 34238</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Daniels, Mark T 2121 Wood St., C-209 Sarasota, FL 34237</b>	<input 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/05

Date

Daytime Phone #