

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90402 028 ***150.00

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01272005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000123237					
1. Entity Name DANIEL MINGLE INC.					
Principal Place of Business 1910 WOODCUT DRIVE LUTZ, FL 33559 US			Mailing Address 1910 WOODCUT DRIVE LUTZ, FL 33559 US		
2. Principal Place of Business 1910 Woodcut Dr		3. Mailing Address 1910 Woodcut Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lutz FL		City & State Lutz FL		4. FEI Number 73-1717487	
Zip 33559	Country US	Zip 33559	Country US	Applied For Not Applicable	
6. Name and Address of Current Registered Agent MINGLE, ARLENE Z 1910 WOODCUT DRIVE LUTZ, FL 33559				7. Name and Address of New Registered Agent Name Arlene Z. Mingle Street Address (P.O. Box Number is Not Acceptable) 1910 Woodcut Dr. City Lutz FL Zip Code 33559	
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>David J. Mingle</u> DATE: <u>4/29/05</u> <small>Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINGLE, DANIEL J		NAME		
STREET ADDRESS	1910 WOODCUT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33559		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANDITO, CASTRO		NAME		
STREET ADDRESS	P.O. BOX 3272		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, ISMAEL		NAME		
STREET ADDRESS	2660 GORDON STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33860		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>David J. Mingle</u>			Date: <u>4/29/05</u> <u>431-2468</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		