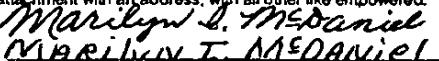


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Mar 14, 2005 8:00 am
Secretary of State**

02-11-2005 90029 020 ***150.00

DOCUMENT # P04000140374							
1. Entity Name MARYLyn I. McDANIEL, P.A.		02-11-2005 90029 020 ***150.00					
Principal Place of Business 1850 BEACH AVENUE ATLANTIC BEACH FL 32233		Mailing Address 1850 BEACH AVENUE ATLANTIC BEACH FL 32233					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City, & State		City & State					
Zip	Country	Zip	County				
6. Name and Address of Current Registered Agent MCDANIEL, MARYLyn I 1850 BEACH AVENUE ATLANTIC BEACH FL 32233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>							
<input type="checkbox"/> FILE NOW!!! FEE IS \$150.00 <input type="checkbox"/> After May 1, 2005 Fee Will Be \$550.00 <input type="checkbox"/> Make Check Payable to Florida Department of State				<small>DATE</small> 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPST MCDANIEL, MARYLyn I 1850 BEACH AVENUE ATLANTIC BEACH FL 32233		<input type="checkbox"/> Delete		V FLEMING MCDANIEL 1850 BEACH AVE ATLANTIC Beach, FL 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: MARYLyn I. McDANIEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
				66000174  1st MOORE CR2E034 (10/04)			
				2-7-05 904-247-5665 <small>Daytime Phone #</small>			