2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2005 8:00 am Secretary of State 04-28-2005 90216 029 ***150.00

DOCUMENT # P04000146447 1. Entity Name DAILE, INC.								04-28-200	5 90216	. 029 ***	·150.00
Principal Place of Business 416 S 10TH AVE WAUCHULA, FL 33873			41	Mailing Address 416 S 10TH AVE WAUCHULA, FL 33873			66019533				
2. Principal Place of Business			3. (3. Mailing Address							
Suite, Apt. #, etc.			\$	Suite, Apt. #, etc.			02032005	Chg-P	CR2E0	34 (10/03)	
City & State			C	City & State			4. FEI Numb	Der 20 - 180	2281		oplied For ot Applicable
Zip	Country		Z	Zip Cou		try	5. Certificate	e of Status Desired		\$8.75 Add Fee Require	ditional
6. Name and Address of Current Re				ered Agent		Name	7. Name en	d Address of New R	egistered /	lgent	
DELOERA, MIGUEL A 416 S 10TH AVE					Street Address (P.O. Box Number is Not Acceptable)						
WAUCHULA, FL 33873									-		
						City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	18
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 Signature, hipped or printed name of registered agent and title if applicable. (NOTE: Registered Agent egreture required when renstacing) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							.00 May Be led to Fees			-	
10.		OFFICERS AND	O OIREC		11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	SIN 11
TITLE NAME	P DELOER	A, MIGUEL A		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	416 S 10 WAUCHU		STREE	E1 ADDRESS -ST-2IP							
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP						E ET ADORESS - S1 - ZIP					
TITLE NAME STREET ADDRESS				☐ Delete		E Et adoress				Change	Addition
CITY-ST-ZIP TITLE				☐ Delete	CITY-	-\$1-20P				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				had bring	NAME STREE					CT Principle	
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS					HAME						
CITY-ST-ZIP						ET ADDRESS - ST- ZIP					
TITLE NAME				☐ Delete	ITTLE		,			Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREE	ET ADDRESS SI - ZIP					
12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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: **Made Usera** **Add Usera** **Total Control of the corporation or the receiver or trustee ampowered 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:** **Add Usera** **Total Control of the corporation of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver of trustee ampowered to execute the same and the corporation of the corporatio											
J.WITMI	ير. ــ ـ	SIGNATURE AND TYPED OF	PRINTED	NAME OF SIGNING OFFICER (OR DIRECT	OR	···-	Oate		ytme Plane 4	—— i