


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

03-24-2006 90020 023 ***150.00

DOCUMENT # P05000002995																																																																																															
1. Entity Name DANIEL J. LLOYD, P.A.																																																																																															
Principal Place of Business 5917 TARPON GARDENS CIRCLE #102 CAPE CORAL, FL 33914			Mailing Address 5917 TARPON GARDENS CIRCLE #102 CAPE CORAL, FL 33914																																																																																												
2. Principal Place of Business			3. Mailing Address																																																																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																												
City & State			City & State																																																																																												
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-2118804</div>																																																																																											
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																											
LLOYD, DAN 5917 TARPON GARDENS CIRCLE #102 CAPE CORAL, FL 33914				Name																																																																																											
				Street Address (P.O. Box Number is Not Acceptable)																																																																																											
				City																																																																																											
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																											
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) DATE</small>																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>President Daniel J. Lloyd</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>5917 Tarpon Gardens Circle #102 Cape Coral, FL 33914</i></td> <td></td> </tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<i>President Daniel J. Lloyd</i>		CITY-ST-ZIP	<i>5917 Tarpon Gardens Circle #102 Cape Coral, FL 33914</i>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Daniel J. Lloyd</i>			Date <i>3-22-06</i> (839) 292-3076																																																																																												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR																																																																																															