


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90018 014 ***150.00

DOCUMENT # P05000020605	
1. Entity Name Kenneth E. Daniels, Inc.	

DO NOT WRITE IN THIS SPACE

60015063

2. Principal Place of Business 2957 Coral Strip Parkway Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.	
City & State Gulf Breeze FL		City & State	
Zip 32563	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20 4214521	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Kenneth E. Daniels	
	Street Address (P.O. Box Number is Not Acceptable) 2957 Coral Strip Parkway	
	City Gulf Breeze	FL Zip Code 32563

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S-T Kenneth E. Daniels 2957 Coral Strip Parkway Gulf Breeze, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Tangles R. Hilton 2957 Coral Strip Parkway Gulf Breeze, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kenneth Jason Daniels 2957 Coral Strip Parkway Gulf Breeze, FL 32563	TITLE NAME 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 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 on an attachment with an address, with all other like empowered.

Secretary/Treasurer

SIGNATURE: Kenneth E. Daniels-President *Kenneth E. Daniels* 850-916-9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *2/13/2006* Date Daytime Phone #

CR2E034B (12/02)