

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000087773

1. Entity Name
J DALEY ENTERPRISES INC



Principal Place of Business
201 INVERNESS WAY
WINTER HAVEN, FL 33881 US

Mailing Address
201 INVERNESS WAY
WINTER HAVEN, FL 33881 US

2. Principal Place of Business
18289 Hepatica Rd
Suite, Apt. #, etc.

3. Mailing Address
18289 Hepatica Rd
Suite, Apt. #, etc.

City & State
FT. MYERS FL
Zip 33912 Country LEB

City & State
FT. MYERS FL
Zip 33912 Country LEB

4. FEI Number
20-3016686
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BINDSCHADLER, JOHN D
201 INVERNESS WAY
WINTER HAVEN, FL 33881

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BINDSCHADLER, JOHN D 201 INVERNESS WAY WINTER HAVEN, FL 33881 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *John B. Daley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06 239-481-1709
Date Daytime Phone #