

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053054

Entity Name: DANIEL HODGES, INC.

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

2 PINE COURT PLACE
OCALA, FL 344729048

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 831833
OCALA, FL 344831833

New Mailing Address:

FEI Number: 20-4691204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANCE, JOSEPH T
2 PINE COURT PLACE
OCALA, FL 344729048 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HODGES, WILLIAM C
Address: P.O. BOX 830940
City-St-Zip: OCALA, FL 344830940

Title: VPSD () Delete
Name: HODGES, DANIEL P
Address: P.O. BOX 830940
City-St-Zip: OCALA, FL 344830940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HODGES, WILLIAM C
Address: P.O. BOX 830940
City-St-Zip: OCALA, FL 344830940

Title: DVPS (X) Change () Addition
Name: HODGES, DANIEL P
Address: P.O. BOX 831833
City-St-Zip: OCALA, FL 344831833

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. HODGES

DPT

04/27/2008

Electronic Signature of Signing Officer or Director

Date