2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

06-22-2007 90001 024 ***150.00

66020247

06192007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000118419

1. Entity Name
CATHERINE C. MCDANIEL, P.A.

Principal Place of Business	Mailing Address
8815 CONROY-WINDERMERE ROAD #359 ORLANDO, FL 32835	8815 CONROY-WINDERMERE ROAD #359 ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5540135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDANIEL, CATHERINE C 8815 CONROY-WINDERMERE ROAD #359 ORLANDO, FL 32835	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 $550.00
Due by September 14, 2007

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	PTS ☐ Delete MCDANIEL, CATHERINE C 8815 CONROY-WINDERMERE ROAD, #359 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/30/07 407-403-5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66020247
#P06000118419

View Check PRINT CLOSE

Front of Check

INDYCAL INC
8815 CONROY WINDERMERE RD #359
ORLANDO, FL 32835

CENTERSTATE BANK OF FL, NA
LAKE ALFRED OFFICE
LAKE ALFRED, FLORIDA 33850
63-1403/631

0918

40121427 4/30/07

PAY TO THE ORDER OF Florida Department of State $ 150.00

One hundred fifty dollars and No/100 — DOLLARS

Void after 90 days

Catherine CMcDaniel
#P06000118419

Cat CMcDaniel

[redacted]

Back of Check

ENDORSE HERE X

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009088798

DO NOT WRITE BELOW THIS LINE

JUN 22 2007

SIGN BELOW THIS LINE

BANK OF AMERICA, NA JRL
06/25/07
0640167964

DID NOT RECEIVE PRIOR NOTICE
FOR ANNUAL REPORT

Fee To File $150 - pd already
Please see copy of check.
Thank you.
Cat McDaniel

7/6/07

ATTACHMENT

66020247

DIVISION OF CORPORATIONS

I DID NOT RECEIVE PRIOR NOTICE TO FILE ON THE FOLLOWING ENTITIES.

P04000048555 INDYCAL INC

P06000118419 CATHERINE MCDANIEL PA

PLEASE WAIVE THE LATE FEE AND PROCESS THESE REPORTS. MY PAYMENT HAS ALREADY CLEARED THE BANKS. CHECKS ATTACHED.

THANK YOU

cathy mcdaniel

cat