




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90026 046 ***150.00

DOCUMENT # P38490 1. Entity Name VERNON DANIEL COMPANY					
Principal Place of Business 1400 C FORSYTHE ROAD WEST PALM BEACH, FL 33406 US			Mailing Address 8805 COMMERCE COURT MANASSAS, VA 22110 US		
2. Principal Place of Business 1520 Latham Rd.		3. Mailing Address 		 02192004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. Unit 8		Suite, Apt. #, etc. 			
City & State West Palm Beach FL		City & State 			
Zip 33409		Zip 			
4. FEI Number 54-1056382				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIEL, VERNON 1520 LATHAM ROAD, UNIT 8 WEST PALM BEACH, FL 33409			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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D DANIEL, VERNON 8805 COMMERCE COURT MANASSAS, VA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			FOR VERNON DANIEL COMPANY		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 2/19/04 <small>Daytime Phone #</small> 703-361-5525		