

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39075

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: DANIEL COMMUNICATIONS, INC.

**Current Principal Place of Business:**

26450 POLLARD RD.  
DAPHNE, AL 36526

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1677  
DAPHNE, AL 36526

**New Mailing Address:**

FEI Number: 63-0957776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 32334 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: P ( ) Delete  
Name: GRANT, JOSEPH D  
Address: PO BOX 1677  
City-St-Zip: DAPHNE, AL 36526

Title: D&VP ( ) Delete  
Name: BOYLAN, DANIEL G  
Address: 3170 REPS MILLER STE 190  
City-St-Zip: NORCROSS, GA 30071

Title: VP&S ( ) Delete  
Name: PAINE, LAWRENCE  
Address: P.O. BOX 273478  
City-St-Zip: TAMPA, FL 336883478

Title: DAST ( ) Delete  
Name: SCHILLING, RAYMOND  
Address: P.O. BOX 273478  
City-St-Zip: TAMPA, FL 336883478

Title: VPAS ( ) Delete  
Name: JOHNSON, TODD S  
Address: P.O. BOX 273478  
City-St-Zip: TAMPA, FL 336883478

Title: C ( ) Delete  
Name: JOHNSON, THOMAS S  
Address: P.O. BOX 273478  
City-St-Zip: TAMPA, FL 336883478

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: CHARLES, SMITH  
Address: 3170 REPS MILLER STE 190  
City-St-Zip: NORCROSS, GA 30071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BASIL HALL

Electronic Signature of Signing Officer or Director

ACCT

03/25/2008

\_\_\_\_\_ Date