2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000078364

1. Entity Name
DANIELLE HARRELL, P.A.

Principal Place of Business	Mailing Address
6437 BAY CLUB DRIVE #1 FT LAUDERDALE, FL 33308 US	6437 BAY CLUB DRIVE #1 FT LAUDERDALE, FL 33303 US

DO NOT WRITE IN THIS SPACE

02032004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0452846	Applied For
	Not Applicable

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

6. **Name and Address of Current Registered Agent**

LAVENDER, JOEL R
507 SE 11 CT
FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be $550.00

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

U00000056331
02/19/04-80015-024 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PVST	
NAME	HARRELL, DANIELLE	
STREET ADDRESS	6437 BAY CLUB DR, #1	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: *Danielle Harrell*   4 Feb 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #