


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000105799</b> 1. Entity Name DANIEL W. NALL, P.A.	
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Principal Place of Business 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134	Mailing Address 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0809207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NALL, DANIEL W 300 SEVILLA AVENUE CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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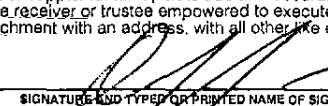
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NALL, DANIEL W 300 SEVILLA AVENUE CORAL GABLES, FL 33134	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I am empowered

SIGNATURE:  **1-19-4** x **305-445-7956**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #