


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000063849 1. Entity Name DANIELS (SOUTH ORANGE), INC. |  |
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| Principal Place of Business P O BOX 2881 ST PETERSBURG, FL 33731-2881 | Mailing Address 2345 YONGE ST STE 700 TORONTO, ONTARIO, CA m4-p2es |
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07262007 No Chg-P CR2E034 (11/05)

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| | |
|------------------------------------|--|
| 4. FEI Number 59-3722364 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FARRELL, TIMOTHY 100-2ND AVE SOUTH #600 SAINT PETERSBURG, FL 33701 |
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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 \$550.00
Due by September 14, 2007**

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

000000771647
08/07/07-80010-025 550.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD DANIELS, WILLIAM I 2435 YONGE ST, SUITE 700 TORONTO, ONTARIO, M4P 2E5, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD DANIELS, PETER N 2435 YONGE ST, SUITE 700 TORONTO, ONTARIO, M4P 2E5, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

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