

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90112 029 ***150.00

DOCUMENT # S63965

1. Entity Name
J. L. DALY, INC.



Principal Place of Business
**422 WOODCREST RD
KEY BISCAYNE, FL 33149 US**

Mailing Address
**422 WOODCREST RD
STE. 200
KEY BISCAYNE, FL 33149 US**

50026122



2. Principal Place of Business

324 CARIBBEAN ROAD
Suite, Apt. #, etc.

3. Mailing Address

324 CARIBBEAN ROAD
Suite, Apt. #, etc.

03082005 Chg-P CR2E034 (10/03)

City & State

KEY BISCAYNE, FL
Zip **33149** Country **USA**

City & State

KEY BISCAYNE, FL
Zip **33149** Country **USA**

4. FEI Number
65-0333460

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CARSTEN, LAWRENCE A CPA PA
10689 KENDALL DR #321
MIAMI, FL 33176**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DALY, JUAN LUIS	
STREET ADDRESS	422 WOODCREST DR	
CITY-ST-ZIP	KEY-BISCAYNE, FL-33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALY, TERESA K.	
STREET ADDRESS	422 WOODCREST DR	
CITY-ST-ZIP	KEY-BISCAYNE, FL-33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOETZLE, ALEX B	
STREET ADDRESS	422 WOODCREST DR	
CITY-ST-ZIP	KEY-BISCAYNE, FL-33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	324 CARIBBEAN ROAD	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	324 CARIBBEAN ROAD	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11 MAR 05 **305 361-0984**