

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 002 ****61.25



DOCUMENT # 763692

1. Entity Name

EXECUTIVE ASSOCIATION OF DAYTONA BEACH, INC.

Principal Place of Business

50 SANDRA DR.
ORMOND BEACH FL 32176
US

Mailing Address

50 SANDRA DR.
ORMOND BEACH FL 32176
US

40040000



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3023144

Applied For

No: Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRETZ, SCOTT
167 ~~435~~ E INT'L SPDWY BLVD #9 A
DAYTONA BEACH FL 32118

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

Scott Fretz

SCOTT FRETZ

3-5-08

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D Delete
NAME: FRETZ, SCOTT
STREET ADDRESS: 167 E. INT'L SPDWY BLVD. STE. A
CITY-ST-ZIP: DAYTONA BEACH FL 32118

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: T Delete
NAME: UNDERWOOD, PATTY
STREET ADDRESS: 50 SANDRA DR.
CITY-ST-ZIP: ORMOND BEACH FL 32176

TITLE: Change Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Scott Fretz

SCOTT FRETZ

3-5-08

386-253-4539