

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117735

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: DAYBAR SOUTHEAST SERVICE CENTER, INC.

## Current Principal Place of Business:

13837 US HWY. 19 N.  
CLEARWATER, FL 33764

## New Principal Place of Business:

12440 - 73RD COURT N.  
LARGO, FL 33773 US

## Current Mailing Address:

13837 US HWY. 19 N.  
CLEARWATER, FL 33764

## New Mailing Address:

12440 - 73RD COURT N.  
LARGO, FL 33773

FEI Number: 30-0014948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLATTE, DAVID E  
603 INDIAN ROCKS RD.  
BELLEAIR, FL 33756 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WOLFE, ROBERT JR  
Address: 1874 CASTLE WOODS DRIVE  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: DODSON, MARK  
Address: 80 QUEBEC AVE #504  
City-St-Zip: TORONTO, ON CANADA M6P 4B7,

Title: STD ( ) Delete  
Name: WOLFE, MICHELE  
Address: 1874 CASTLE WOODS DRIVE  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: WOLFE, SR., G. R.  
Address: 8977 EAGLE'S RIDGE DR.  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DODSON, MARK  
Address: 80 QUEBEC AVE #504  
City-St-Zip: TORONTO, ON M6P 4B7 CA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE WOLFE

STD

01/25/2005

Electronic Signature of Signing Officer or Director

Date