

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90194 014 ***150.00

DOCUMENT # L20907

1. Entity Name

DAYTONA TROPHY, INC.



Principal Place of Business

2413 BELLEVUE AVE
DAYTONA BEACH FL 32114

Mailing Address

2413 BELLEVUE AVE
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2977913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANJEANT, STUART
1775 ROSCOE TURNER TRAIL
DAYTONA BEACH FL 32128

7. Name and Address of New Registered Agent

Name

JAMES A. SARJEANT

Street Address (P.O. Box Number is Not Acceptable)

2614 SPRUCE CREEK BLVD.

City

DAYTONA BEACH

FL

Zip Code

32128

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SARJEANT, STUART A.	
STREET ADDRESS	1775 ROSCOE TURNER TRAIL	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
TITLE	V	<input type="checkbox"/> Delete
NAME	SARJEANT, RACHEL L.	
STREET ADDRESS	1775 ROSCOE TURNER TRAIL	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
TITLE	S	<input type="checkbox"/> Delete
NAME	SARJEANT, CATHERINE E.	
STREET ADDRESS	3235 VAIL VIEW DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
TITLE	T	<input type="checkbox"/> Delete
NAME	SARJEANT, JAMES A	
STREET ADDRESS	2614 SPRUCE CREEK BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. SARJEANT

Date

04-19-04

Daytime Phone #

386-253-2806