


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90050 049 ***150.00

| | | | |
|---|---|--|---------------------------------|
| DOCUMENT # 146827 1. Entity Name DAYTONA BEACH COLD STORAGE CO. | |  | |
| Principal Place of Business 240 N SEAGRAVE P.O. BOX 1752 DAYTONA BEACH, FL 32114-3141 | | Mailing Address PO BOX 1752 DAYTONA BEACH, FL 32115 | |
| 2. Principal Place of Business 3100 S. Ridgewood Ave Suite, Apt. #, etc. Unit 100 City & State South Daytona FL Zip 32119 Country Volusia | | 3. Mailing Address 3100 S. Ridgewood Ave Suite, Apt. #, etc. Unit 100 City & State South Daytona Zip FL Country Volusia | |
| 4. FEI Number 59-0554323 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SACKS, LEONARD M 240 N SEAGRAVE AVE DAYTONA BEACH, FL 32114 | | 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SACKS, DAVID M 240 N SEAGRAVE DAYTONA BCH, FL 32014, | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO SACKS, LEONARD M 240 N SEAGRAVE DAYTONA BCH, FL 32014, | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SACKS, EVELYN 240 N SEAGRAVE AVE DAYTONA BEACH, FL 32114 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MOTZEL, STEPHEN F. 240 N SEAGRAVE AVE DAYTONA BEACH, FL 32114 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| 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: <i>Leonard Sacks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 3/24/05 Daytime Phone # (384) 763-7501 | |