

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 246420

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: DAYTONA BOLT AND NUT CO.

## Current Principal Place of Business:

815 N BEACH ST  
P.O. BOX 1391  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

815 N BEACH ST  
P.O. BOX 1391  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 59-0936027      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAWKINS, ALFRED E  
121 S RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32014      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: P ( ) Delete  
Name: JAMES, NORMAN L  
Address: 644 N HALIFAX DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: V ( ) Delete  
Name: JAMES, DAVID A  
Address: 9 CROSSINGS TRAIL  
City-St-Zip: ORMOND BCH., FL

Title: S ( ) Delete  
Name: JAMES, JOYCE C  
Address: 644 N. HALIFAX  
City-St-Zip: ORMOND BEACH, FL

Title: V ( ) Delete  
Name: POWELL, HAROLD  
Address: 2120 E. STATE RD. 40  
City-St-Zip: DELEON SPGS., FL

Title: T ( ) Delete  
Name: JAMES, GARY R  
Address: 171 RIVERSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: SCOTT, JAMES N  
Address: 65 S ST ANDREWS TERRACE  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BRUCE JAMES

VP

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date