


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 246420</b> 1. Entity Name DAYTONA BOLT AND NUT CO.	
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Principal Place of Business 815 N BEACH ST P.O. BOX 1391 DAYTONA BEACH, FL 32114	Mailing Address 815 N BEACH ST P.O. BOX 1391 DAYTONA BEACH, FL 32114
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
08 JUN 12 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212008 No Chg-P CR2E034 (11/05)

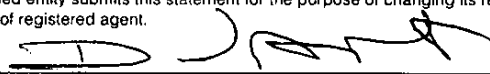
4. FEI Number 59-0936027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

501 ~~HAWKINS, ALFRED E~~ **BURT, DAVID A.**  
12 S RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32014

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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  5/22/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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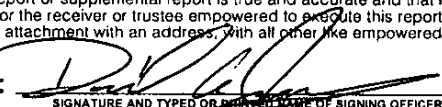
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, NORMAN L 644 N HALIFFAX DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES, DAVID A 9 CROSSINGS TRAIL ORMOND BCH., FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, JOYCE C 644 N. HALIFAX ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, GARY R 171 RIVERSIDE DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SCOTT</del> V JAMES, N. Scott 85 S ST ANDREWS TERRACE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES Bruce 41 Coquina Ridge Way ORMOND BEACH, FL 32174

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06/17/08--01016--006 \*\*550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  5-22-08 386-255-0248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #