2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 246420

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:

815 N BEACH ST
DAYTONA BEACH, FL 32114

Current Mailing Address:

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

New Mailing Address:

PO BOX 1391
DAYTONA BEACH, FL 32114

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

Name and Address of Current Registered Agent:

BURT, DAVID A
501 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 HALIFFAX 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 32174

Title: S ( ) Delete
Name: JAMES, JOYCE C
Address: 644 N. HALIFAX
City-St-Zip: ORMOND BEACH, FL 32176

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

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

Title: V ( ) Delete
Name: JAMES, BRUCE
Address: 41 COQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: JAMES, NORMAN L
Address: 644 N HALIFFAX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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: P (X) Change ( ) Addition
Name: JAMES, N. SCOTT
Address: 65 S ST ANDREWS TERRACE
City-St-Zip: ORMOND BEACH, FL 32174

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY JAMES T 04/21/2009
Electronic Signature of Signing Officer or Director Date