


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90130 043 ***150.00

DOCUMENT # 319613	
1. Entity Name DAYTONA GARDEN APARTMENTS, INC.	

Principal Place of Business C/O JAMES G. HAHL, ESQUIRE 170 E. GRANADA BLVD. ORMOND BEACH FL 32176- US	Mailing Address C/O JAMES G. HAHL, ESQUIRE P.O. BOX 65 ORMOND BEACH FL 32175 US
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MOORE CR2E034 (11/03)

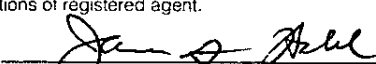
2. Principal Place of Business 1414 W. Granada Blvd. Suite, Apt. #, etc. Suite 4 City & State Ormond Beach, FL Zip 32174 Country US	3. Mailing Address 1414 W. Granada Blvd. Suite, Apt. #, etc. Suite 4 City & State Ormond Beach, FL Zip 32174 Country US
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4. FEI Number 59-1214810	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAHL, JAMES G 170 E. GRANADA BLVD. ORMOND BEACH FL 32176
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7. Name and Address of New Registered Agent Name Hahl, James G. Street Address (P.O. Box Number is Not Acceptable) 1414 W. Granada Blvd., Suite 4 City Ormond Beach FL Zip Code 32174

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 	JAMES G. HAHL	4/12/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

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. <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	PD LATOUR, JR, JOHN 124 EMMETT ST. DAYTONA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMEISTER JR, PHILIP 372 RIVERSIDE DR. ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOFFMEISTER, GERALDINE 372 RIVERSIDE DR ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. **GERALDINE HOFFMEISTER**

SIGNATURE: 	4/12/04	386-672-1332
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		