2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM Secretary of State

DOCL	IMENT	# 319613
DUUU	ソルバニリカリ	# 3 1 30 1 3

1. Entity Name

DAYTONA GARDEN APARTMENTS, INC.



Principal Place of Business

Mailing Address

114 S PALMETTO AVENUE DAYTONA BEACH, FL 32114 114 S PALMETTO AVENUE DAYTONA BEACH, FL 32114

US



DO NOT WRITE IN THIS SPACE

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01072008	No Chg-P	CR2E034 (11/05)	

4. FEI Number Applied For Not Applied For Not Applied For S9-1214810

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered	Agen
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HAHL, JAMES G 114 S PALMETTO AVENUE DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	d office or	registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typod or printed name of registered agent and title	(NOTE Registered	Agent signator	a required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing 🗀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		. ,	· · · · · · · · · · · · · · · · · · ·
THEE NAME STREET ADDRESS CITY-ST-709	VSTD HOFFMEISTER, GERALDINE 372 RIVERSIDE DR ORMOND BEACH, FL 32176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAHL, JAMES G 114 S PALMETTO AVE DAYTONA BEACH, FL 32114				U00000788339 01/22/08-80001-016 150.00
NAME SIREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
THEE NAME STREET ADDRESS CITY ST-ZIP				IN.	THIS SPACE
NAME STREET ADDRESS CHY-ST-ZIP					
THE NAME					

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

1/7/08 386-257-17

James G. Hahl