


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-16-2004 90129 016 ***150.00

DOCUMENT # 360325

1. Entity Name
DAYTONA GARDEN APARTMENTS NORTH, 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 32176--
US

44040000



MOORE CR2E034 (11/03)

2. Principal Place of Business
1414 W. Granada Blvd.

3. Mailing Address
1414 W. Granada Blvd.

Suite, Apt. #, etc.
Suite 4

Suite, Apt. #, etc.
Suite 4

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number **59-1300091**

Applied For
 Not Applicable

Zip **32174** Country **US**

Zip **32174** Country **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAHL, JAMES G ESQUIRE
~~170 E GRANADA BLVD.~~
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

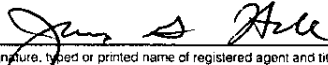
Name
Hahl, James-G. Esquire

Street Address (P.O. Box Number is Not Acceptable)
1414 W. Granada Blvd., Suite 4

Ormond Beach,

City **Ormond Beach** FL Zip Code **32174**

B. 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**

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

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. **\$5.00 May Be Added to Fees**


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATOUR, JOHN JR. 124 EMMETT STREET DAYTONA BEACH FL	<input 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
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

12. I hereby certify that the information supplied with this filing does not qualify 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #