


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-16-2004 90130 044 \*\*\*150.00

<b>DOCUMENT # 364269</b>	
1. Entity Name <b>DAYTONA GARDEN APARTMENTS SOUTH, INC.</b>	

Principal Place of Business <b>C/O JAMES G. HAH, ESQUIRE 170 E. GRANADA BLVD. ORMOND BEACH FL 32176 US</b>	Mailing Address <b>C/O JAMES G. HAH, ESQUIRE P.O. BOX 66 ORMOND BEACH FL 32175 US</b>
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2. Principal Place of Business <b>1414 W. Granada Blvd.</b>	3. Mailing Address <b>1414 W. Granada Blvd.</b>
Suite, Apt. #, etc. <b>Suite 4</b>	Suite, Apt. #, etc. <b>Suite 4</b>
City & State <b>Ormond Beach, FL</b>	City & State <b>Ormond Beach, FL</b>
Zip <b>32174</b>	Country <b>US</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>59-1300092</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HAHL, JAMES G ESQUIRE 170 E GRANADA AVE ORMOND BEACH FL 32176--</b>	
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7. Name and Address of New Registered Agent Name <b>Hahl, James G. Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>1414 W. Granada Blvd., Suite 4</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32174</b>	
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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 *James G. Hahl* **JAMES G. HAH** 4/12/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	VD HOFFMEISTER, PHILIP JR. 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

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.

SIGNATURE: *Geraldine Hoffmeister* **GERALDINE HOFFMEISTER** 4/12/04 **386-672-1332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #