

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 441651	
1. Entity Name VOLVO OF DAYTONA BEACH, INC.	

Principal Place of Business 601 MASON AVE. DAYTONA BEACH, FL 32117	Mailing Address 601 MASON AVE. DAYTONA BEACH, FL 32117
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1510498	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOUGHAM, DAVID L 713 PELICAN BAY DR DAYTONA BCH, FL 32119
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOUGHAM (FRED C.) 601 MASON AVENUE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUGHAM (DAVID L.) 601 MASON AVENUE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOUGHAM (FRED R.) 601 MASON AVENUE DAYTONA BEACH, FL
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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.

SIGNATURE: <u>David L. Hougham</u>	Date: <u>4-28-04</u>	Daytime Phone #: <u>386 2527676</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		