

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 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



03022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	HOUGHAM (FRED C.)
STREET ADDRESS	601 MASON AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	PD
NAME	HOUGHAM (DAVID L.)
STREET ADDRESS	601 MASON AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	STD
NAME	HOUGHAM (FRED R.)
STREET ADDRESS	601 MASON AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000655711  
03/13/07-80115-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07 386 252 7676

Date

Daytime Phone #