

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 479856 1. Entity Name R. DAY, INC.					
Principal Place of Business 285 DEARBORN STREET ENGLEWOOD FL 34223 US			Mailing Address 285 DEARBORN ST. ENGLEWOOD FL 34223 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1604301	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ZEE, KEVIN R 9251 BELGRADE TERRACE ENGLEWOOD FL 34224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. ☐ Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ZENESKY, JANET MAE		NAME	U00000498064 04/22/06-80081-002 150.00	
STREET ADDRESS	220 WOODLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ZEE, KEVIN R		NAME		
STREET ADDRESS	9251 BELGRADE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

KEVIN R ZEE

4/4/06

941-473-1748