

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90641 011 ***150.00

DOCUMENT # 501647 1. Entity Name DAYTONA CHAIR CO., INC.					
Principal Place of Business 347 MASON AVE. DAYTONA BEACH, FL 32117			Mailing Address 347 MASON AVE. DAYTONA BEACH, FL 32117		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1657043	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOLDBERG, LINDE 347 MASON AVE. DAYTONA BEACH, FL 32117				7. Name and Address of New Registered Agent Name <u>Goldberg, Joe</u> Street Address (P.O. Box Number is Not Acceptable) <u>347 Mason Ave.</u> City <u>Daytona Beach</u> FL Zip Code <u>32117</u>	
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: <u>Joe Goldberg</u> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input checked="" type="checkbox"/> Delete NAME GOLDBERG, LINDE STREET ADDRESS 347 MASON AVE. CITY-ST-ZIP DAYTONA BEACH FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME GOLDBERG, JOE STREET ADDRESS 347 MASON AVE. CITY-ST-ZIP DAYTONA BEACH, FL			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Goldberg, Joe STREET ADDRESS 347 Mason Ave. CITY-ST-ZIP Daytona Beach FL 32117		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Joe Goldberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					