

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90029 014 ***150.00

40116519



05042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1965439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, DAVID H
1640 MASON AVENUE
DAYTONA BEACH, FL 32117

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

David H. Barnes Pres D.M.S.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/07

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BEGEAL, MARK	
STREET ADDRESS	1640 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	STULL, BRIAN E	
STREET ADDRESS	1640 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HAMLIN, KENDALL W	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 32117	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARNES, DAVID	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 32117	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HART, BRUCE P	
STREET ADDRESS	1640 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMLIN, KENDALL W	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

David H. Barnes Pres D.M.S.

5/15/07

386-274-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #