


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # 854058 1. Entity Name THE DAYTON EXCEL MOLD & DIE, INC.	
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Principal Place of Business 720 FENTRESS BLVD. DAYTONA BEACH, FL 32114	Mailing Address 720 FENTRESS BLVD. DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0588372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURNETT, RANDOM 501 NORTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1101000680823 04/04/07-80017-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDT SCHILLER, HERMAN 14 FERNERY TR ORMOND BEACH, FL
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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: Herman W. Schiller **3-22-07 386-274-4567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #