

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
2004 MAY 25 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003200

1. Entity Name  
DAY & NIGHT PRODUCTIONS, INC.



Principal Place of Business  
6751 ROYAL ORCHID CIRCLE  
DELRAY BEACH, FL 33446

Mailing Address  
6751 ROYAL ORCHID CIRCLE  
DELRAY BEACH, FL 33446



05192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-3983187

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JAVOR, MARCY F  
6751 ROYAL ORCHID CIR  
DELRAY BEACH, FL 33446

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
JAVOR, MARCY F  
6751 ROYAL ORCHID CIR  
DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JAVOR, MARCY F  
6751 ROYAL ORCHID CIR  
DELRAY BEACH, FL 33446

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

300037337373  
05/26/04--01047--004 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

Wm

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #