2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

DOCUMENT # H39494 1. Entity Name STRAHAN OF DAYTONA BEACH, INC.			Secretary of State
705 MAIN ST	te of Business Mailing Address T 9 S WILD OLIVE AVE EACH, FL 32118 US DAYTONA BEACH, FL 32118	US	
C	OO NOT WRITE IN THIS SPA	CE	04052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2576122 Not Applicable
	at in the first of the first state of the control of the garge of the control of the control of the control of The control of the control of	in a smith	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent DOAN, THERESA S. 1010 BIG TREE ROAD SOUTH DAYTONA, FL 32119			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 the if applicable. (NOTE: Registered Agent signature required when refusitating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			
10.	OFFICERS AND DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD DOAN, M THERESA 1020-1050 BIG TREE RD. SOUTH DAYTONA, FL		U00000304033 04/14/05-80026-u16 150.U0
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAMI STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c indicated of the cor changed,	certify that the information supplied with This filing does not qualify for the ex- on this report or supplemental report is true and accurate and that my signt poration or the receiver or trustee empowered to exocute this report as requ or on an attachment with an address, with allother like empowered.	emption stated in Se ature shall have the s litred by Chapter 607	ction 119.07(3)(1), Florida Statutes. I further certify that the information name legal effect as if made under oath; that I am an officer or director. Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: