

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H91100**

1. Entity Name  
**DAYS KISSIMMEE ASSOCIATES, INC.**



Principal Place of Business  
**2424 ROUTE 52  
HOPWELL JUNCTION, NY 12533 US**

Mailing Address  
**2424 ROUTE 52  
HOPWELL JUNCTION, NY 12533 US**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3321621**

Applied For  
Not Applicable

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

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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 reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000939258

05/28/08-80020-022-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	RAYMOND, RICKARDS T
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	VP
NAME	STENHUISEN, ROBERT
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	PD
NAME	KENDZIERA, CRAIG
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	VPSP
NAME	PLEMMONS, JODEE
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Stenhuisen* 4/28/08 8452233603