

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # J00491

1. Entity Name
DAY-TONA SEABREEZE, INC.



Principal Place of Business
**4851 KELLER SPRINGS RD
222
ADDISON, TX 75001-6261 US**

Mailing Address
**4851 KELLER SPRINGS RD
222
ADDISON, TX 75001-6261 US**



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2092401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOD, CHARLES D JR
SMITH, HOOD, PERKINS, LOUCKS, & STOUT, PA
444 SEABREEZE BLVD., SUITE 900
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000255139
03/07/05-80102-002 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LITOFF, ELIOT
STREET ADDRESS	4851 KELLER SPRINGS RD 222
CITY-ST-ZIP	ADDISON, TX 750016261

TITLE	AS
NAME	LITOFF, CAROL
STREET ADDRESS	4851 KELLER SPRINGS RD 222
CITY-ST-ZIP	ADDISON, TX 750016261

TITLE	VSD
NAME	LITOFF, HAROLD
STREET ADDRESS	84 SHIP STREET, UNIT F-1 EAST
CITY-ST-ZIP	PROVIDENCE, RI 02903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 #

2/22/05 (972) 386-8433