


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90003 040 \*\*\*150.00

<b>DOCUMENT # J30861</b> 1. Entity Name DAYTONA BEACH ENTERPRISES, INC.	
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Principal Place of Business 7548 MUNICIPAL DR ORLANDO, FL 32819 US	Mailing Address 7548 MUNICIPAL DR ORLANDO, FL 32819 US
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**54067211**



08022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2722334	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JAMES M SHULER, JR 7548 MUNICIPAL DR ORLANDO, FL 32819
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHULER, JAMES M., JR. 8716 ELLESMERE PL. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHULER, JAMES M., JR. 8716 ELLESMERE PL. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHULER, LISA 8716 ELLESMERE PL. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, KEN 1545 HILLTOP DR. SHELBY, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DORIS 8482 CARDWAY CT ORLANDO, FL 32819
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 #

*James M Shuler, Jr.* 8/2/04 (407) 541-0022