## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J30861

Entity Name: DAYTONA BEACH ENTERPRISES, INC

FILED Jan 05, 2005 Secretary of State

Thing Name: BATTOTO ABEAUTIENT NOLO, INC.						
Current Pr	incipal Place	e of Business:	New Principa	New Principal Place of Business:		
7548 MUNI ORLANDO	CIPAL DR , FL 32819	US	2295 S. HIAW SUITE #301 ORLANDO, F			
Current Ma	ailing Addre	ss:	New Mailing	New Mailing Address:		
7548 MUNI ORLANDO	CIPAL DR , FL 32819	US	2295 S. HIAW SUITE #301 ORLANDO, F			
FEI Number:	59-2722334	FEI Number Applied For ( )	FEI Number Not Applica	ble ( ) Certi	ificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
JAMES M SHULER, JR 7548 MUNICIPAL DR ORLANDO, FL 32819 US			2295 S. HIAW SUITE #301	JAMES M SHULER, JR 2295 S. HIAWASSEE RD. SUITE #301 ORLANDO, FL 32835 US		
The above in the State		submits this statement for the p	ourpose of changing its r	registered office of	or registered agent, or both,	
SIGNATUR	RE: JAMES N	M. SHULER, JR.		01/05/2005		
	Electro	nic Signature of Registered Age	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	TORS:	ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( SHULER, JAM 8716 ELLESM ORLANDO, FL	ERE PL.	Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( SHULER, JAM 8716 ELLESM ORLANDO, FL	ERE PL.	Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	ST ( SHULER, LISA 8716 ELLESM ORLANDO, FL	ERE PL.	Title: Name: Address: City-St-Zip:	()Chanṭ	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( RUDD, KEN, 1545 HILLTOP SHELBY, NC	) Delete DR.	Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition	
Title	D /	) Delete	Title: D	(V) Chan	ara (	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

COOK, DORIS

8482 CARAWAY CT

ORLANDO, FL 32819

SIGNATURE: JAMES M. SHULER, JR PRES 01/05/2005

COOK, DORIS

8482 CARDWAY CT

ORLANDO, FL 32819

Name:

Address:

City-St-Zip: