

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L20907**  
 1. Entity Name  
**DAYTONA TROPHY, INC.**



Principal Place of Business      Mailing Address  
**2413 BELLEVUE AVE**      **2413 BELLEVUE AVE**  
**DAYTONA BEACH FL 32114**      **DAYTONA BEACH FL 32114**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**SARJEANT, JAMES A**  
**2614 SPRUCE CREEK BLVD**  
**DAYTONA BEACH FL 32128**

4. FEI Number      Applied For

**59-2977913**      Not Applicable

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

    

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | SARJEANT, STUART A.      |                                 |
| STREET ADDRESS | 1775 ROSCOE TURNER TRAIL |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32128   |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | SARJEANT, RACHEL L.      |                                 |
| STREET ADDRESS | 1775 ROSCOE TURNER TRAIL |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32128   |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | SARJEANT, CATHERINE E.   |                                 |
| STREET ADDRESS | 3235 VAIL VIEW DR        |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32128   |                                 |
| TITLE          | T                        | <input type="checkbox"/> Delete |
| NAME           | SARJEANT, JAMES A        |                                 |
| STREET ADDRESS | 2614 SPRUCE CREEK BLVD   |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32128   |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 04/20/05-80007-022 150.00

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: JAMES A. SARJEANT      04/19/05      (386) 253-2806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #