


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L59267</b>	
1. Entity Name DAYTONA DRIVE-THRU, INC.	

Principal Place of Business 1174 BEVILLE RD DAYTONA BEACH, FL 32118 US	Mailing Address % TIMOTHY K. MARIANI 1550 S. HIGHLAND AVE. STE B CLEARWATER, FL 33756 US
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2998794

Applied For  
Not Applicable

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

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

MARIANI, TIMOTHY K.  
1550 SOUTH HIGHLAND AVE  
STE B  
CLEARWATER, FL 33756

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARIANI, TIMOTHY K. 1550 S HIGHLAND AVE STE B CLEAR WATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARIANI, GEORGE E. JR. 18 N. PINE CIRCLE BELLEAIR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARIANI, EDWARD A. 1836 DOLPHIN BLVD. S. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOKEY, THOMAS C. 22 S. PINE CIRCLE BELLEAIR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000384905  
01/17/06-80033-025 150.00

**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

1/10/06

Daytime Phone #

727-4414727