

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L98005

1. Entity Name

CONDO RENTALS OF DAYTONA, INC.



Principal Place of Business

2410 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-5402

Mailing Address

2410 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-5402

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)

4. FEI Number

59-3028849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOWER, DAVID MICHAEL
322 SILVER BCH AVE
DAYTONA BCH FL 32118

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

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

(NOTE: Registered Agent signature required when re-stating)

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	JONES, ANNA LOUISE	
STREET ADDRESS	2410 S. ATLANTIC AVE.	
CITY- ST- ZIP	DAYTONA BEACH SHORES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAACK, KAREN A	
STREET ADDRESS	2410 S. ATLANTIC AVE.	
CITY- ST- ZIP	DAYTONA BEACH SHORES FL	
TITLE	GMD	<input type="checkbox"/> Delete
NAME	JONES, KNOWLTON C JR	
STREET ADDRESS	2410 S. ATLANTIC AVE	
CITY- ST- ZIP	DAYTONA BEACH SHORES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	U000000225442	
STREET ADDRESS	02/11/05-80038-020 150.00	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

Anna Louise Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-05