

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M84440

1. Entity Name
ECONOMY CARS OF DAYTONA, INC.



Principal Place of Business
1122 MASON AVE
DAYTONA BEACH, FL 32117

Mailing Address
1122 MASON AVE
DAYTONA BEACH, FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

YANOWITZ, JEROLD L
1395 SURREY PARK DR.
PT. ORANGE, FL 32124

Name *Ursula Yanowitz*

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

1395 Surrey Pk Dr

City *Port Orange* Zip Code *FL 32128*

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 *Reed Gerk*

(NOTE: Registered Agent signature required when renewing)

DATE *4-6-05*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YANOWITZ, URSULA IRENE 1395 SURREY PARK DRIVE PORT ORANGE, FL 32124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YANOWITZ, JEROLD L 1395 SURREY PARK DRIVE PORT ORANGE, FL 32124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Reed Gerk Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 386 2524141

Date

Daytime Phone #



04052005 Chg-P CR2E034 (10/03)

04-08-2005 90047 021 ***158.75

**FILED
Apr 08, 2005 8:00 am
Secretary of State**