


2008 FOR PROFIT CORPORATION * AMENDED ANNUAL REPORT

DOCUMENT # M84440 1. Entity Name ECONOMY CARS OF DAYTONA, INC.						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">08 DEC -9 AM 11:23</div> <div style="font-size: 14px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
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 - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 59-2941845			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent YANOWITZ, URSULA 3576 MARIBELLA DRIVE NEW SMRYNA BEACH, FL 32168				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 3576 MARIBELLA DRIVE NEW SMRYNA BEACH, FL 32168			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138696356 12/08/08--01065--003 ***61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR SELLIKEN, MELISSA M 1141 MEDITATION LOOP PORT ORANGE, FL 32129			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/20/08 (386)767-9811 <small>Date Daytime Phone #</small>			

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