

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 25, 2005 8:00 am
Secretary of State**

03-25-2005 90035 014 ****61.25

DOCUMENT # N03000000339		
1. Entity Name DAYTONA MUSTANG CLUB, INC.		

Principal Place of Business 117 VIA CAPRI NEW SMYRNA BEACH, FL 32169	Mailing Address P.O. BOX 1205 DAYTONA BEACH, FL 32115-1205
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2. Principal Place of Business 610 Hidden Pines Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State New Smyrna, Florida	City & State FL
Zip 32168 Country Volusia	Zip Country

6. Name and Address of Current Registered Agent GORDON, DICK 610 HIDDEN PINES NEW SMYRNA BEACH, FL 32168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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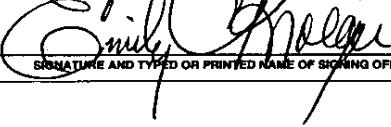
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, DICK 610 HIDDEN PINES NEW SMYRNA BEACH, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, RUTH 3100 JOHN ANDERSON ORMOND BEACH, FL 32178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Ruth Dean 41 Old Canyon Lane Ormond Beach, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YEATS, RICHRD 618 SHERMAN ROAD S DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, BILL 3100 JOHN ANDERSON ORMOND BEACH, FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Bill Dean 41 Old Canyon Lane Ormond Beach, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASHMAN, STUART 2712 TURNBULL ESTATE DR NEW SMYRNA BEACH, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROEGER, EMILY 2266 POPE AVENUE S DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Emily Kroeger 2401 Magnolia Ave South Daytona, FL 32119-2660

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 617, 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

3-23-05

386-671-8066

Date

Daytime Phone #