

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008187

FILED
Apr 29, 2005
Secretary of State

Entity Name: DAYTONA BEACH YOUNG PROFESSIONALS GROUP, INC.

Current Principal Place of Business:

444 SEABREEZE BLVD SUITE 800
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

444 SEABREEZE BLVD SUITE 800
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 43-2063522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIOCCHETTI, MICHAEL
444 SEABREEZE BLVD SUITE 800
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: BUTCHER, ROB
Address: 1801 W. INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 32129 US

Title: V () Change (X) Addition
Name: BENEDICT, MICHAEL
Address: 640 N. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: T () Change (X) Addition
Name: CIOCCHETTI, MICHAEL
Address: 444 SEABREEZE BLVD. SUITE 800
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: S () Change (X) Addition
Name: SAFFER, NICOLE B
Address: P.O. BOX 2835
City-St-Zip: DAYTONA BEACH, FL 32120 US

Title: D () Change (X) Addition
Name: SNYDER, KEVIN C
Address: 600 S. CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CIOCCHETTI

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04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date