


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N05000011863</b> 1. Entity Name <b>A DAY IN THE SON, INC.</b>		
Principal Place of Business <b>143 CANAL STREET NEW SMYRNA BEACH, FL 32168</b>	Mailing Address <b>143 CANAL STREET NEW SMYRNA BEACH, FL 32168</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>PRESTON, WILLIAM T 143 CANAL STREET NEW SMYRNA BEACH, FL 32168</b>		
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: <u><i>Carol C. Fuquay</i></u> (NOTE: Registered Agent signature required when re-registering) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FUQUAY, CAROL 1105 ADAMS STREET NEW SMYRNA BEACH, FL 32169</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENNIS, TIMOTHY 14 PINEEDGE COURT EDGEWATER, FL 32132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAWVER, BETTY 501 10TH STREET #29 NEW SMYRNA BEACH, FL 32168</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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.		
<b>SIGNATURE:</b> <u><i>Carol C. Fuquay</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/12/2007</u> <u>386-427-0513</u> <small>Date Daytime Phone #</small>

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-4017409</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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