

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000011863**

1. Entity Name  
A DAY IN THE SON, INC.



Principal Place of Business  
1105 ADAMS STREET  
NEW SMYRNA BEACH, FL 32169

Mailing Address  
1105 ADAMS STREET  
NEW SMYRNA BEACH, FL 32169



03242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4017409

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

FUQUAY, CAROL  
1105 ADAMS STREET  
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000896548  
04/25/08-80012-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME FUQUAY, CAROL  
STREET ADDRESS 1105 ADAMS STREET  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE D  
NAME DENNIS, TIMOTHY  
STREET ADDRESS 14 PINESEDGE COURT  
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE D  
NAME SHAWVER, BETTY  
STREET ADDRESS 501 10TH STREET #29  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Carol Fuquay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-9-08*

Date

*386-427-0513*

Daytime Phone #