

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006839

FILED
May 01, 2005
Secretary of State

Entity Name: TORO'S M/C OF DAYTONA BEACH, INC.

Current Principal Place of Business:

204 SOUTH MLK BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

207 INGHAM RD
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

P O BOX 442
EDGEWATER, FL 32132

New Mailing Address:

207 INGHAM ROAD
NEW SMYRNA BEACH, FL 32168

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WASHINGTON, LAWRENCE R
207 INGHAM RD
NEW SMYRNA BEACH, FL 32168 US

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: PD () Delete
Name: WASHINGTON, LAWRENCE R
Address: 207 INGHAM RD
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: DV () Delete
Name: ADAMS, ARTHUR
Address: 912 EMMA ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TSD () Delete
Name: YOUNG, PHYLLIS
Address: 207 INGHAM RD
City-St-Zip: NEW SMYRNA BCH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SEAN, WASHINGTON D
Address: 201 INWOOD AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE R WASHINGTON

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date