

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020504

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: DAYTONA MEMORIAL PARK, INC.

**Current Principal Place of Business:**

1425 BELLEVUE AVE  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

1423 BELLEVUE AVE  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

1425 BELLEVUE AVE  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

1423 BELLEVUE AVE  
DAYTONA BEACH, FL 32114

FEI Number: 59-3628896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOHMAN, LOWELL  
1210 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOHMAN, LOWELL  
Address: 1210 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPSD ( ) Delete  
Name: LOHMAN, NANCY  
Address: 1210 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: LOHMAN, TY G  
Address: 5 OAKWOOD PARK  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LOHMAN

VPSD

04/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date