
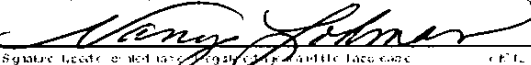
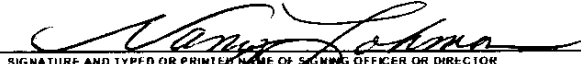


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90443 028 ***150.00

DOCUMENT # P00000020504 1. Entity Name DAYTONA MEMORIAL PARK, INC.					
Principal Place of Business 1423 BELLEVUE AVE DAYTONA BEACH, FL 32114			Mailing Address 1423 BELLEVUE AVE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 725 N. Granada Blvd			
4. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 48			
City & State		City & State Ormond Beach, FL			
Zip	Country	Zip	Country	4. FEI Number 59-3628896	
32174	USA	32174	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOHMAN, NANCY 14230 BELLEVUE AVE DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  4-26-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD LOHMAN, LOWELL 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPSD LOHMAN, NANCY 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D LOHMAN, TY G 5 OAKWOOD PARK ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lohman, Victor 31 Pebble Beach Dr Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: 				4-26-07 386-615-1170	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40090797



04252007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
LOHMAN, LOWELL
1210 JOHN ANDERSON DR
ORMOND BEACH, FL 32176**

☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP
**VPSD
LOHMAN, NANCY
1210 JOHN ANDERSON DR
ORMOND BEACH, FL 32176**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
LOHMAN, TY G
5 OAKWOOD PARK
ORMOND BEACH, FL 32174**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
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CITY ST ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**Lohman, Victor
31 Pebble Beach Dr
Ormond Beach, FL 32174**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

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SIGNATURE:

4-26-07

386-615-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR