

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90109 024 ***150.00

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1. Entity Name
DAYTONA MEMORIAL PARK, INC.



Principal Place of Business
1423 BELLEVUE AVE
DAYTONA BEACH, FL 32114

Mailing Address
725 N CANADA BLVD
SUITE 48
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3628896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOHMAN, NANCY
1423 BELLEVUE AVE 1423 Bellevue Ave.
DAYTONA BEACH, FL 32114

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE V
NAME LOHMAN, VICTOR
STREET ADDRESS 31 PEBBLE BEACH DR
CITY-ST- ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08
Date

386-615-1170
Daytime Phone #