

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90022 015 ***150.00

40000000



07052006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000022107 1. Entity Name DAYTONA BEACH PARASAIL, INC.					
Principal Place of Business 2855 S ATLANTIC AVE UNIT 304 DAYTONA BEACH, FL 32118			Mailing Address 2855 S ATLANTIC AVE UNIT 304 DAYTONA BEACH, FL 32118		
2. Principal Place of Business 404 Ocean Dunes Rd. Suite, Apt. #, etc.		3. Mailing Address 404 Ocean Dunes Rd. Suite, Apt. #, etc.			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number 59-3628796	
Zip 32118-4914		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN S. NORTON, JR., P.A. 431 N. GRANDVIEW AVE. DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dvorak, Matthew 2855 S ATLANTIC AVE, UNIT 304 DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Dvorak, Phillip 1978 S. CREEK BLVD. DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dvorak, Matthew 404 Ocean Dunes Rd. Daytona Beach, FL 32118-4914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Dvorak, Phillip 4936 S. Peninsula Drive Ponce Inlet, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dvorak, Matthew 2855 S ATLANTIC AVE, UNIT 304 DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Dvorak, Phillip 1978 S. CREEK BLVD. DAYTONA BEACH, FL 32124	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dvorak, Matthew 404 Ocean Dunes Rd. Daytona Beach, FL 32118-4914	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Dvorak, Phillip 4936 S. Peninsula Drive Ponce Inlet, FL 32127	<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:			Date 7-11-06 (386) Daytime Phone # 547 6067		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					