2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 A
Secretary of State

DOCUMENT # P01000032203

1. Entity Name
DAYTONA PEOPLES MEDICAL SUPPLY OF ORANGE AVENUE, INC.

Principal Place of Business	Mailing Address
988B ORANGE AVE DAYTONA BEACH, FL 32114	988B ORANGE AVE DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3709744
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADEKUNLE, ADELANI
988B ORANGE AVE
DAYTONA BEACH, FL 32114

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	ADEKUNLE, ADELANI
STREET ADDRESS	4682 SPRUCE CREEK ROAD
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	O
NAME	KAEUFER, JESSICA D
STREET ADDRESS	988B ORANGE AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80076-015 150.00

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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: _____ 04/04/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #