

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90027 028 \*\*\*150.00

DOCUMENT # P01000060808



1. Entity Name

DAY BY DAY REALTY, INC.

Principal Place of Business

2501 NW 7 AVE  
WILTON MANORS FL 33311

Mailing Address

2501 NW 7 AVE  
WILTON MANORS FL 33311

*Mailing Address  
x correction requested*

2. Principal Place of Business

3211 NE 8TH CT

Suite, Apt. #, etc.

POMPANO BEACH

City & State

FLORIDA

Zip

33062

Country

BROWARD

3. Mailing Address

3211 NE 8TH CT

Suite, Apt. #, etc.

POMPANO BEACH

City & State

FLORIDA

Zip

33062

Country

BROWARD



MOORE

CR2E034 (11/03)

4. FEI Number

65-1113803

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAY, DEBRA AND TERRY DAY  
2501 NW 7 AVE  
WILTON MANORS FL 33311

7. Name and Address of New Registered Agent

Name: TERRY EDWARD DAY  
Street Address (P.O. Box Number is not acceptable): 3201-3211 NE 8TH CT  
City: POMPANO BEACH FL Zip Code: 33062

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 reinstating)

DATE

1/28/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	DAY, TERRY	
STREET ADDRESS	2501 NW 7 AVE	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	DAY, DEBRA	
STREET ADDRESS	2501 NW 7 AVE	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY EDWARD DAY	
STREET ADDRESS	3211 NE 8TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA A DAY	
STREET ADDRESS	3211 NE 8TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Debra Day 1/28/04 9549436622

Date

Daytime Phone #