

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000112726	
1. Entity Name DAYTONA RESORT GROUP, INC.	

Principal Place of Business 219 S ATLANTIC AVENUE DAYTONA BEACH FL 32118 US	Mailing Address 219 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118
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2. Principal Place of Business 219 S. Atlantic Ave. Suite, Apt. #, etc.	3. Mailing Address 219 S. Atlantic Ave. Suite, Apt. #, etc.
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City & State Daytona Beach FL 32118 Zip 32118 Country USA	City & State Daytona Beach FL 32118 Zip 32118 Country USA
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5. Name and Address of Current Registered Agent COLLETT, CAROL 219 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118
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4. FEI Number 59-3757521	☐ 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 _____	

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.

No Change

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete COLLETT, CAROL 219 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add UN00000476109 04/05/06-80043-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carol A. Collett **3/16/06** **386-252-36**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone