2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117735

City-St-Zip:

TALLAHASSEE, FL 32312

Entity Name: DAYBAR SOUTHEAST SERVICE CENTER. INC

FILED Mar 24, 2004 Secretary of State

y		COOSTILL/OF GERVICE GERVI			
Current Principal Place of Business:			New Principal Place of Business:		
	HWY. 19 N. ATER, FL 33	764			
Current Mailing Address:			New Mailing Address:		
	HWY. 19 N. ATER, FL 33	764			
FEI Number:	: 30-0014948	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	DAVID E N ROCKS RI 1, FL 33756). US			
	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or	both,
SIGNATUR	RE:				
	Electro	onic Signature of Registered Age	nt	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP (WOLFE, ROE 1218 WELLIN CLEARWATE	IGTON DR.	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition WOLFE, ROBERT JR 1874 CASTLE WOODS DRIVE CLEARWATER, FL 33759	
Title: Name: Address: City-St-Zip:	DODSON, MA 80 QUEBEC		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STD (WOLFE, MIC 1218 WELLIN CLEARWATE	IGTON DR	Title: Name: Address: City-St-Zip:	STD (X) Change () Addition WOLFE, MICHELE 1874 CASTLE WOODS DRIVE CLEARWATER, FL 33759	
Title: Name: Address:	D (WOLFE, SR., 8977 EAGLE'		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHELE WOLFE STD 03/24/2004