2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117735

8977 EAGLE'S RIDGE DR.

TALLAHASSEE, FL 32312

Address: City-St-Zip:

Entity Name: DAYBAR SOUTHEAST SERVICE CENTER, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12440 - 73 LARGO, F	RD COURT N L 33773 U				
Current Mailing Address:			New Mailing Address:		
12440 - 73RD COURT N. LARGO, FL 33773			12440 - 73RD COURT N. LARGO, FL 33773 US		
FEI Number	: 30-0014948	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
200 CLEARWA The above	COACHMAN R ATER, FL 337	65 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	 Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WOLFE, ROBE	WOODS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WOLFE, MICH	WOODS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () WOLFE, G. R.	Delete SR	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: MICHELE WOLFE STD 04/07/2009