


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90033 006 ***150.00

DOCUMENT # P02000007104 1. Entity Name AUTO MAGIC OF DAYTONA, INC.			
Principal Place of Business 2106 OAK MEADOW CIR SOUTH DAYTONA, FL 32119		Mailing Address 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117	
2. Principal Place of Business <i>2016 oak meadow cir</i>		3. Mailing Address <i>2016 oak meadow cir</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>South Daytona FL</i>		City & State <i>South Daytona FL</i>	
Zip <i>32119</i>		Zip <i>32119</i>	
Country 		Country 	
4. FEI Number 26-0014510		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGUIDICE, JOSEPH A 1515 RIDGEWOOD AVE STE A HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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.			
SIGNATURE: <i>JS Loguidice</i>		DATE: <i>1/11/06</i>	
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. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, PAUL 2106 OAK MEADOW CIR SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Paul Stevens</i>		DATE: <i>1-13-06</i>	
Signature and typed or printed name of signing officer or director		Daytime Phone #: <i>386-547-7238</i>	