


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90177 022 \*\*\*150.00

<b>DOCUMENT # P02000007104</b> 1. Entity Name <b>AUTO MAGIC OF DAYTONA, INC.</b>					
Principal Place of Business <b>2016 OAK MEADOW CIR SOUTH DAYTONA, FL 32119</b>			Mailing Address <b>2016 OAK MEADOW CIR SOUTH DAYTONA, FL 32119</b>		
2. Principal Place of Business - No P.O. Box <b>2655 Bravo V Cir</b>		3. Mailing Address <b>2655 Bravo V Cir</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04172007    Chg-P    CR2E034 (12/06)	
City & State <b>Port Orange, FL</b>		City & State <b>Port Orange, FL</b>		4. FEI Number <b>26-0014510</b>	
Zip <b>32128</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOGUIDICE, JOSEPH A 1515 RIDGEWOOD AVE STE A HOLLY HILL, FL 32117</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <b>4/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEVENS, PAUL 2016 OAK MEADOW CIR SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEVENS, PAUL 2655 BRAVO V CIRCLE PORT ORANGE FL 32128</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>Paul Stevens</b>			<b>4-20-07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		