

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

04-19-2004 90730 025 ***150.00

DOCUMENT # P02000017879 1. Entity Name BRDAYTONA, INC.			
Principal Place of Business 2168 SPRINGWATER LANE PORT ORANGE FL 32128		Mailing Address 2168 SPRINGWATER LANE PORT ORANGE FL 32128	
2. Principal Place of Business 1521 State Ave		3. Mailing Address 1521 State Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Holly Hill, FL		City & State Holly Hill, FL	
Zip 32117		Zip 32117	
Country USA		Country USA	
4. FEI Number 61-1407830		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 KOLTUN, JEFFREY M. 557 N WYMORE ROAD STE 100 MAITLAND FL 32751		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 PTSD <input type="checkbox"/> Delete NAME PARKER, EDWARD E STREET ADDRESS 2168 SPRINGWATER LANE CITY-ST-ZIP PORT ORANGE FL 32128	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 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: Edward E. Parker,		Date 5-5-04 Daytime Phone # 386 672-0557	

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MOORE CR2E034 (11/03)