

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 041 ***150.00

DOCUMENT # P02000129389

1. Entity Name
DAYTONA BEACH TRAVEL BUREAU, INC.



40056610

Principal Place of Business
800 N ATLANTIC AVE.
DAYTONA BEACH, FL 32118

Mailing Address
800 N ATLANTIC AVE.
DAYTONA BEACH, FL 32118

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number
06-1666436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

Name
ROGER W MAHOOD

Street Address (P.O. Box Number is Not Acceptable)

800 N ATLANTIC AVENUE

City
DAYTONA BEACH

FL

Zip Code
32118

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

[Signature]

ROGER W MAHOOD, PRESIDENT

3-23-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
MAHOOD, ROBER W
STREET ADDRESS
800 N. ATLANTIC AVE
CITY-ST-ZIP
DAYTONA BEACH, FL 32118 ☐ Delete

TITLE
NAME
D
ROGER W MAHOOD
STREET ADDRESS
800 N ATLANTIC AVE
CITY-ST-ZIP
DAYTONA BEACH FL 32118 ☒ Change ☐ Addition

TITLE
NAME
D
MAHOOD, VICKIE L
STREET ADDRESS
800 N. ATLANTIC AVE
CITY-ST-ZIP
DAYTONA BEACH, FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

[Signature]

ROGER W MAHOOD

3-23-07

386-258-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/07:JFW:CB