## **2004 FOR PROFIT CORPORATION**

## Jan 30, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P03000022746 01-30-2004 90075 013 \*\*\*150.00 DAYTONA SUITES, INC. Principal Place of Business Mailing Address 2407 SOUTH PENINSULA DR. 2407 SOUTH PENINSULA DR. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E034 (10/03) 4. FEI Number 26-0061460 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BROWN, ILENE** Street Address (P.O. Box Number is Not Acceptable) 2407 SOUTH PENINSULA DR. DAYTONA BEACH, FL 32118 City Zip Code FL 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, 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete Change Addition TITLE MAKAT BROWN, ILENE NAME STREET ADDRESS 2407 SOUTH PENINSULA DR. STREET ADDRESS DAYTONA BEACH, FL 32118 CITY'ST-ZIP CITY-ST-ZIP TITLE -☐ Delete ☐ Addition TITLE Change GREENLEE, DERROL 2407 SOUTH PENINSULA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition

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.

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