

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90049 040 ***150.00

DOCUMENT # P03000049303

1. Entity Name

AB CORP DAYTONA, INC.



Principal Place of Business

214 SOUTH BEACH STREET
DAYTONA BEACH FL 32114

Mailing Address

214 SOUTH BEACH STREET
DAYTONA BEACH FL 32114

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

50 So. St. Andrews Dr

3. Mailing Address

50 So. St. Andrews Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach FL

City & State

Ormond Beach FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

56-2338747

Applied For

Not Applicable

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

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

WEBSTER, DANIEL J
149 S RIDGEWOOD AVENUE SUITE 500
DAYTONA BEACH FL 32114

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

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BICKFORD, NOEL C
214 SOUTH BEACH STREET
DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ABRAMOWITZ, EDWARD
214 SOUTH BEACH STREET
DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition
50 So. St Andrews Dr
Ormond Beach FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition
50 So. St Andrews Dr
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CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOEL C. BICKFORD

4/23/07 386 255 2900

Date

Daytime Phone #