

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90057 046 \*\*\*150.00

DOCUMENT # P03000064223

1. Entity Name

DAY@THE BEACH RENTALS, INC.

*mailing  
\* Address  
Correction Requested*



Principal Place of Business

2501 NW 7TH AVENUE  
WILTON MANORS FL 33311

Mailing Address

2501 NW 7TH AVENUE  
WILTON MANORS FL 33311

2. Principal Place of Business

\* 3211 NE 8TH Court

Suite, Apt. #, etc.  
POMPANO BEACH  
City & State  
FLORIDA

3. Mailing Address

\* 3211 NE 8TH Court

Suite, Apt. #, etc.  
POMPANO BEACH  
City & State  
FL 33062



MOORE

CR2E034 (11/03)

4. FEI Number

~~02-0113802~~ 43-2018415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAY, TERRY E AND DEBRA DAY  
2501 NW 7TH AVENUE  
WILTON MANORS FL 33311

7. Name and Address of New Registered Agent

Name DEBRA DAY  
Street Address (P.O. Box Number is Not Acceptable)  
3211 NE 8TH Court  
City POMPANO BEACH  
FL 33062

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

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

*[Signature]*  
(NOTE: Registered Agent signature required when removing).

DATE

1/20/04

**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.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAY, TERRY EDWARD	
STREET ADDRESS	2501 NW 7TH AVENUE	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAY, DEBRA ANN	
STREET ADDRESS	2501 NW 7TH AVENUE	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY EDWARD DAY	
STREET ADDRESS	3209-3211 NE 8TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA A DAY	
STREET ADDRESS	3209-3211 NE 8TH CT POMPANO BEACH FL	
CITY-ST-ZIP	33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Debra Day* *[Signature]* 1/20/04 9349436622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #