

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90337 030 ***150.00

DOCUMENT # P03000124448

1. Entity Name

DAYTONA BOSS HOSS, INC.



Principal Place of Business

1821 S RIDGEWOOD AVE
SOUTH DAYTONA FL 32119

Mailing Address

1821 S RIDGEWOOD AVE
SOUTH DAYTONA FL 32119

50040071



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2324 BELLEVUE AVE EXT
Suite, Apt. #, etc.
DAYTONA BEACH, FL
City & State

3. Mailing Address

2324 BELLEVUE AVE EXT.
Suite, Apt. #, etc.
DAYTONA BEACH, FL
City & State

4. FEI Number

42-1649631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32114-5614

Country

USA

Zip

32114-5614

Country

USA

6. Name and Address of Current Registered Agent

BLACKWELL, WALTER K
3149 ROYAL BIRKDALE WAY
DAYTONA BEACH FL 32128

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, 2005 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 D ☐ Delete
NAME BLACKWELL, WALTER K
STREET ADDRESS 3149 ROYAL BIRKDALE WAY
CITY-ST-ZIP DAYTONA BEACH FL 32128

TITLE PRES ☐ Delete
NAME EPLING, ROBY R
STREET ADDRESS 2657 SLOW FLIGHT DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/05

Date

386 253 8681

Daytime Phone #