
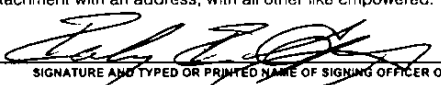


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90079 035 \*\*\*150.00

<b>DOCUMENT # P03000124448</b>			
1. Entity Name DAYTONA BOSS HOSS, INC.			
Principal Place of Business 2324 BELLEVUE AVE EXT DAYTONA BEACH, FL 33114-5614		Mailing Address 2324 BELLEVUE AVE EXT DAYTONA BEACH, FL 33114-5614	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2960 BELLEVUE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DAYTONA BEACH, FL	
Zip	Country	Zip	Country
32124	USA	32124	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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, WALTER K 3149 ROYAL BIRKDALE WAY DAYTONA BEACH, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EPLING, ROBY R 2657 SLOW FLIGHT DRIVE DAYTONA BEACH, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		1-24-07 386 767-2400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40009390



01302007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1649631 Applied For Not Applicable

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