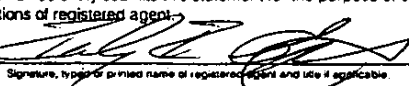


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

01-29-2008 90025 014 ***150.00

DOCUMENT # P03000124448			
1. Entity Name DAYTONA BOSS HOSS, INC.			
Principal Place of Business 2324 BELLEVUE AVE EXT DAYTONA BEACH, FL 33114-5614		Mailing Address 2960 BELLEVUE AVE DAYTONA BEACH, FL 32124	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2900 BELLEVUE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DAYTONA BEACH, FL	
Zip	Country	Zip	Country
		32124	USA
4. FEI Number 42-1649631		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLACKWELL, WALTER K 3149 ROYAL BIRKDALE WAY DAYTONA BEACH, FL 32128		Name Roby Epling	
		Street Address (P.O. Box Number is Not Acceptable)	
		2657 SLOW FLIGHT DR.	
		City	Zip Code
		DAYTONA BEACH	FL 32128
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, WALTER K	NAME	
STREET ADDRESS	3149 ROYAL BIRKDALE WAY	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH, FL 32128	CITY - ST - ZIP	
TITLE	PRES ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EPLING, ROBY R	NAME	
STREET ADDRESS	2657 SLOW FLIGHT DRIVE	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH, FL 32128	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: 		Date 2/27/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	