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	Mailing Address
2324 BELLEVUE AVE EXT DAYTONA BEACH, FL 33114-5614	2960 BELLEVUE AVE DAYTONA BEACH, FL 32124

66002275

01072008 Chg-P CR2E034 (12/06)

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: 32124 / Country: 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
~~BLACKWELL~~, WALTER K
3149 ROYAL ~~BIRKDALE~~ WAY
DAYTONA BEACH, FL ~~32128~~

7. Name and Address of New Registered Agent
Name: Roby Epling
Street Address (P.O. Box Number is Not Acceptable): 2657 Slow Flight DR.
City: Daytona Beach FL Zip Code: 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: [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, 2008 Fee will be $550.00

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		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
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: [signature] 2/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #