

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000014320

1. Entity Name
BIG DADDY'S OF DAYTONA, INC.



**FILED
Mar 18, 2005 8:00 am
Secretary of State**

02-03-2005 90037 036 ***150.00

Principal Place of Business 126 CROOKED PINE RD PORT ORANGE, FL 32128		Mailing Address 126 CROOKED PINE RD PORT ORANGE, FL 32128					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent MINERD, MARION J 126 CROOKED PINE RD 824 S BEACH ST PORT ORANGE, FL 32128 DAYTONA BEACH, FL 32114				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 remitting) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD MINERD, MARION J 126 CROOKED PINE RD PORT ORANGE, FL 32128		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	824 S BEACH ST DAYTONA BEACH, FL 32114		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, RONNALL L 126 CROOKED PINE RD PORT ORANGE, FL 32128		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	824 S. BEACH ST DAYTONA BEACH, FL 32114		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE 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 807, 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 <i>Marion J. Miner</i>				Date <i>3/18/05</i> Daytime Phone # <i>384-4429</i>			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							