

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000115516

1. Entity Name
HAPPY DAYZ OF PASCO, INC.



Principal Place of Business
**12401 US HWY 301
DADE CITY, FL 33525**

Mailing Address
**12401 US HWY 301
DADE CITY, FL 33525**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1475127

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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

000000815098

**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

02/13/08-80070-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JENKINS, JUTHER M
STREET ADDRESS 12401 US HWY 301
CITY-ST-ZIP DADE CITY, FL 33525

TITLE VTD
NAME SMITH, DANIEL L
STREET ADDRESS 12401 US HWY 301
CITY-ST-ZIP DADE CITY, FL 33525

TITLE S
NAME RUCKER, DAWN
STREET ADDRESS 12401 US HWY 301
CITY-ST-ZIP DADE CITY, FL 33525

TITLE D
NAME BEALE, SUE
STREET ADDRESS 12401 US HWY 301
CITY-ST-ZIP DADE CITY, FL 33525

TITLE D
NAME BEALE, RAYMOND
STREET ADDRESS 12401 US HWY 301
CITY-ST-ZIP DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL L SMITH

Date

1/31/08 352 279 9621

Daytime Phone #