

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90059 035 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000168505</b> 1. Entity Name <b>DAYTONA IMPORTS &amp; DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>1541 STATE AVENUE HOLLY HILL FL 32117</b>			Mailing Address <b>1541 STATE AVENUE HOLLY HILL FL 32117</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>33-1107312</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LINGE, JOSEPH F 1541 STATE AVENUE HOLLY HILL FL 32117</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE      D <input type="checkbox"/> Delete NAME      LINGE, JOSEPH F STREET ADDRESS      19 INDIAN SPRINGS DRIVE CITY-ST-ZIP      ORMOND BEACH FL 32174			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>D Robert J. DeFilippo</b> STREET ADDRESS <b>115 Trails End Dr</b> CITY-ST-ZIP <b>Port Orange, FL 32129</b>		
TITLE      D <input type="checkbox"/> Delete NAME      LINGE, JOSEPH H STREET ADDRESS      4029 W. WATERBRIDGE CIRCLE CITY-ST-ZIP      ORMOND BEACH FL 32174			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Port Orange, FL 32119</b> STREET ADDRESS <b>Port Orange, FL 32119</b> CITY-ST-ZIP <b>Port Orange, FL 32119</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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.					
<b>SIGNATURE:</b> <u>Joseph F. Linge</u> <u>02-14-05</u> <u>(386) 677-7700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					