

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000000645

1. Entity Name
COPERS MUSCLE CARS OF DAYTONA, INC.



4/

**FILED
May 03, 2006 8:00 am
Secretary of State**

04-19-2006 90109 033 ***150.00

Principal Place of Business
322 RIDGEWOOD AVE
HOLLY HILL, FL 32117

Mailing Address

322 RIDGEWOOD AVE
HOLLY HILL, FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2144199

Applied For
Not Applic

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

COPERS, JOHN
322 RIDGEWOOD AVE
HOLLY HILL, FL 32117

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

John F. Capers Signature or printed name of registered agent and use if applicable.

JOHN F. CAPERS

04-14-06

DATE

(NOTE Registered Agent signature required when resuming)

FILE NOW!! FEE IS \$150.00
After May 1, 2006 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
NAME CAPERS, JOHN
STREET ADDRESS 322 RIDGEWOOD AVE
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE Change Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Ad
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John F. Capers Signature and typed or printed name of signing officer or director

John F. Capers 4-28-06

386-566-6623
Daytime Phone #