2008 FOR PROFIT CORPORATION ANNUAL DEPORT

FILED Apr 24, 2008 08:00 AM ate

ANNUAL REPORT				Secretary of St
DOCUMENT # P06000101546 1. Entity Name DAYTONA FIRST, INC.				Secretary of St
Principal Place 222-B OAKRI DAYTONA BE		Mailing Address 222-B OAKRIDGE BLVD DAYTONA BEACH, FL 32118	US	
D	O NOT WRITE	IN THIS SPA	CE	03152008 No Chg-P CR2E034 (11/05) 4. FE! Number Applied For 20-5473460 Not Applicable
a a				5. Certificate of Status Desired \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent JAVUREK, ROSEANN M 222-B OAKRIDGE BLVD DAYTONA BEACH, FL 32118				DO NOT WRITE IN THIS SPACE
the obligati	named entity submits this statement for the constant of registered agent. Signature, hyped or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00.	title if applicable (NOTE: Registere 9. Election Campaign Fina	ad Agent signature require	red agent, or both, in the State of Florida. I am familiar with, and accept discontinuous discontinuous discontinuous DATE DATE DOMAY Be ded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D JAVUREK, CYRIL 549 BALLOUGH ROAD DAYTONA BEACH, FL 32114 D JAVUREK, ROSEANN M 549 BALLOUGH ROAD DAYTONA BEACH, FL 32114	RECTORS		U00000917685 05/13/08-80052-011 150.00 DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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 an 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 and some secure 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 expowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND DIFEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ≢