

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90035 014 ***158.75

DOCUMENT # P07000009649

1. Entity Name
MESSAGE DAYTONA, INC.



Principal Place of Business
1365 BEVILLE RD
DAYTONA BEACH, FL 32119

Mailing Address
1365 BEVILLE RD
DAYTONA BEACH, FL 32119

40043300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8257414

Applied For

Not Applicable

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

FOTHERINGHAM, JOY
226 MCINTOSH RD
ORMOND BEACH, FL 32174-5517

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 reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Deleted ☐ Add
NAME ~~OFF. JENNIFER L~~ *name & address changed*
STREET ADDRESS ~~405 GRANT ST~~ *See below*
CITY-ST-ZIP ~~PORT ORANGE, FL 32127~~

TITLE ☒ Change ☐ Addition
NAME *Minihan, Jennifer L*
STREET ADDRESS *P.O. Box 290014*
CITY-ST-ZIP *Port Orange, FL 32129-0014*

TITLE ☐ Deleted ☐ Add
NAME *Minihan, Jennifer L*
STREET ADDRESS *P.O. Box 290014*
CITY-ST-ZIP *Port Orange, FL 32129-0014*

TITLE ☐ Change ☐ Addition
NAME *OR physical address is still the same*
STREET ADDRESS *405 Grant Street*
CITY-ST-ZIP *Port Orange, FL 32127*

TITLE ☐ Deleted ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennifer L. Minihan* *3-11-08 (386) 295-9046*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #