

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000040801

FILED  
Jan 09, 2012  
Secretary of State

Entity Name: DAYTONA OUTDOOR KITCHENS, INC.

**Current Principal Place of Business:**

5889 SOUTH WILLIAMSON BLVD.  
UNIT 204  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

5889 SOUTH WILLIAMSON BLVD.  
UNIT 204  
PORT ORANGE, FL 32128

**New Mailing Address:**

FEI Number: 45-2040646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WER/EVER PRODUCTS, INC.  
3900 SOUTH 50TH STREET  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

WAKEMAN, GWEN S  
5889 SOUTH WILLIAMSON BLVD  
#204  
PORT ORANGE, FL 32128 US

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.

SIGNATURE: GWE WAKEMAN

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOORE, CHARLES  
Address: 3900 S. 50TH STREET  
City-St-Zip: TAMPA, FL 33619

Title: VPD  
Name: MOORE, DAVID  
Address: 5889 SOUTH WILLIAMSON BLVD., #204  
City-St-Zip: PORT ORANGE, FL 32128

Title: TD  
Name: WAKEMAN, GWEN  
Address: 5889 SOUTH WILLIAMSON BLVD., #204  
City-St-Zip: PORT ORANGE, FL 32128

Title: SD  
Name: EZBIANSKI, SUSAN  
Address: 3900 S. 50TH STREET  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GWEN WAKEMAN

TD

01/09/2012

Electronic Signature of Signing Officer or Director

Date