


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000030595	
1. Entity Name DAYTON DANDIES, INC.	
	
Principal Place of Business 58 ROYAL PALM POINTE VERO BCH., FL 32960 US	Mailing Address 58 ROYAL PALM POINTE VERO BCH., FL 32960 US

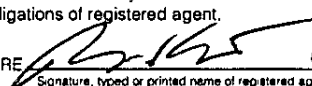


01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3177907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOST, ROBERT 58 ROYAL PALM POINTE VERO BEACH, FL 32960		DO NOT WRITE IN THIS SPACE
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  **ROBERT J. KOST Pres** **1/28/08**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KOST, JOANNE R. 2680 47TH AVENUE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOST, ROBERT J. 2660 47TH AVENUE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOTSON, LINDA 121 GOLDEN ISLES DRIVE HALLANDALE BEACH, FL 33099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOTSON, RICHARD 121 GOLDEN ISLES DRIVE HALLANDALE BEACH, FL 33099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/06/08-80067-019 150.00

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:  **ROBERT J. KOST Pres** **1/28/08** **722 5671559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #