

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000064096

1. Entity Name
DAYTONA-94, INC.



Principal Place of Business

GJIDIA, AFERDITA
337 RUTLEDGE DR. #2
SOUTH DAYTONA, FL 32119 US

Mailing Address

P.O. BOX 291566
337 RUTLEDGE DR. #2
PORT ORANGE, FL 32129 US



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3266390	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

FOSTER, WALTER E III
315 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

U00000485582

04/12/06-80088-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GJIDIA, AZEM
STREET ADDRESS	337 RUTLEDGE DR. #2
CITY-ST-ZIP	S. DAYTONA, FL 32119

TITLE	VD
NAME	GJIDIA, NAGIJA
STREET ADDRESS	337 RUTLEDGE DR. #2
CITY-ST-ZIP	S. DAYTONA, FL 32119

TITLE	STD
NAME	GJIDIA, AFERDITA
STREET ADDRESS	337 RUTLEDGE DR. #2
CITY-ST-ZIP	S. DAYTONA, FL 32119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

321-867-0985

Date Daytime Phone #