

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000084911**

1. Entity Name

DAYTONA HOTEL CORPORATION



Principal Place of Business

433 CALIFORNIA ST STE. 700  
SAN FRANCISCO, CA 94104

Mailing Address

433 CALIFORNIA ST STE. 700  
SAN FRANCISCO, CA 94104



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3283799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONYERS, BRIAN  
7550 AUGUSTA NATIONAL DRIVE  
ORLANDO, FL 32822-5020

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	LUI, LAWRENCE
STREET ADDRESS	700 EUCALYPTUS AVENUE
CITY-ST-ZIP	HILLSBOROUGH, CA
TITLE	D
NAME	LUI, GORRETTI
STREET ADDRESS	700 EUCALYPTUS AVENUE
CITY-ST-ZIP	HILLSBOROUGH, CA
TITLE	DV
NAME	CARTER, ANTONY
STREET ADDRESS	596 DALEWOOD DRIVE
CITY-ST-ZIP	ORINDA, CA 94563
TITLE	S
NAME	WEIBLE, JOYCE M.
STREET ADDRESS	433 CALIFORNIA ST 7TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO, CA
TITLE	T
NAME	EVANS, JAMES E M
STREET ADDRESS	433 CALIFORNIA ST. 7TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO, CA 941042011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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OF 02-04-20129-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Joyce M. Weible*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

415/398.3333

Daytime Phone #