

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90050 009 \*\*\*150.00

DOCUMENT # P94000093092

1. Entity Name

DAYTONA MAGIC, INC.



Principal Place of Business

Mailing Address

DAYTONA MAGIC INC.  
136 S. BEACH ST.  
DAYTONA BEACH FL 32114  
US

DAYTONA MAGIC INC.  
136 S. BEACH ST.  
DAYTONA BEACH FL 32114  
US



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3287293

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

COOK, IRVING  
136 SOUTH BEACH STREET  
DAYTONA BEACH FL 32114

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 V  
NAME COOK, JACK T  
STREET ADDRESS 809 BALLARD ST.  
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7157 Green NEEDLE Drive  
CITY-STATE-ZIP WINTER PARK FLA. 32782

TITLE P  
NAME GERSH, HAROLD A  
STREET ADDRESS 1223 HAMPSTEAD LANE  
CITY-STATE-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE S  
NAME GERSH, SANDRA  
STREET ADDRESS 1223 HAMPSTEAD LANE  
CITY-STATE-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE T  
NAME COOK, REBECCA A  
STREET ADDRESS 9 EASTLAND LN  
CITY-STATE-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP Palm Coast FLA. 32164

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/7/07 386-252-6767  
Date Daytime Phone #