

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000013991

1. Entity Name
ABR OF DAYTONA, INC.



Principal Place of Business
1260 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118

Mailing Address
1260 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3300222

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CFRA, LLC
ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BLVD.
TAMPA, FL 33602-5730

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	SD MADORSKY, MARSH A G 2665 S. BAYSHORE TR., STE. 603 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORRIGAN, JAMES 1260 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MADORSKY, ANNE 1260 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEJESUS, GEORGETTE 1260 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/11/04-80021-025 158.75

**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)(f), 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: Georgette DeJesus General Manager 2/4/04 386
SIGNATURE, ID TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 255-2431