

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000022056

1. Entity Name
D. DAY COMPANY, INC.



Principal Place of Business
**4305 COQUINA DR
JACKSONVILLE, FL 32250**

Mailing Address
**4305 COQUINA DR
JACKSONVILLE, FL 32250**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3303261

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAY, BOBBIE
4305 COQUINA DR
JACKSONVILLE, FL 32250**

**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**

000000099720

03/31/04-80017-022-150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
DAY, BOBBIE
4305 COQUINA DR
JACKSONVILLE, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
DAY, DAVID JR
4305 COQUINA DR
JACKSONVILLE, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
DAY, DAVID A
4305 COQUINA DR
JACKSONVILLE, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
DAY, ROBERT
4305 COQUINA DR
JACKSONVILLE, FL 32250**

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 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 of 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

Bobbie N Day

3/30/04

904-744-3999

DATE

Daytime Phone #