


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000022056 1. Entity Name D. DAY COMPANY, INC.	
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Principal Place of Business 4305 COQUINA DR JACKSONVILLE, FL 32250	Mailing Address 4305 COQUINA DR JACKSONVILLE, FL 32250
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03232005 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 <input type="checkbox"/> \$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, 2005 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	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	

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03/24/05-80041-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOBBIE N. DAY

3/23/05

Date

744-3999

Daytime Phone #