.2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000029575

1. Entity Name
DAYTONA BIKEWEEKS CORP.

Principal Place of Business	Mailing Address
1069 NO. US 1 ORMOND BEACH, FL 32174	P.O. BOX 1163 ORMOND BEACH, FL 32174 US

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3328878
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KURRAS, WILLIAM E
1069 NO. US 1
ORMOND BEACH, FL 32174

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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	PD
NAME	KURRAS, WILLIAM E
STREET ADDRESS	1090 N US 1
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	SD
NAME	FLOYD, LINDA M
STREET ADDRESS	1090 N US 1
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	VD
NAME	GIORNO, PHIL
STREET ADDRESS	2135 BREWSTER DR.
CITY-ST-ZIP	DELTONA, FL
TITLE	D
NAME	MONROE, GREG
STREET ADDRESS	1069 N US 1
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	MOLLOHAN, JAMES
STREET ADDRESS	5 WALTER PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	D
NAME	LEWIS, LARRY
STREET ADDRESS	5506 W. BAYSHORE DR.
CITY-ST-ZIP	PORT ORANGE, FL 32174

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04/29/04-80166-016 150.00

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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: _____ 04/23/04 (386) 672-5231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #