2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000008176

Name:

Address:

City-St-Zip:

FILED Feb 18, 2004 Secretary of State

Entity Name: DAYO, INC. **Current Principal Place of Business: New Principal Place of Business:** 4555 HERITAGE OAK DR ORLANDO, FL 328081324 US **Current Mailing Address: New Mailing Address:** 4555 HERITAGE OAK DR ORLANDO, FL 32808 FEI Number: 59-3418367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIS, DAVID C 201 S. ORANGE AVENUE, SUITE 300 ORLANDO, FL 32801 ÚS 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JOHNSON, THOMAS JOHNSON, THOMAS Name: Name: 4555 HERITAGE OAK DR 4555 HERITAGE OAK DR Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32808 US Title: Title: () Delete (X) Change () Addition TURNER, PAUL Name: TURNER, PAUL Name: 32 ROSEDOWN BLVD 32 ROSEDOWN BLVD Address: Address: DEBARY, FL 32713 DEBARY, FL 32713 US City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete KNOOTZ, DONALD Name: Name: 2914 WEST STORY ROAD Address Address: City-St-Zip: City-St-Zip: IRVING, TX 75038 US Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WOODWARD, EVA

7531 LODGE POLE TRAIL

WINTER PARK, FL 32792 US

SIGNATURE: THOMAS JOHNSON D 02/18/2004