

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90006 012 ***150.00

DOCUMENT # P96000043799

1. Entity Name

TEAM DAYTONA, INC.



Principal Place of Business

3137 S ATLANTIC AVE
SUITE 1
DAYTONA BEACH SHORES FL 32118
US

Mailing Address

3137 S ATLANTIC AVE
SUITE 1
DAYTONA BEACH SHORES FL 32118
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3389157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAY, RICHARD
3137 S ATLANTIC AVE, STE 1
DAYTONA BEACH SHORES FL 32118

Name HAROLD RAY

Street Address (P.O. Box Number is Not Acceptable)

3137 S ATLANTIC AVE STE 1

City

DAYTONA BEACH SHORES FL

Zip Code

32118

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)

2/27/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVSD ☒ Delete
NAME RAY, RICHARD
STREET ADDRESS 3137 S ATLANTIC AVE, STE 1
CITY- ST- ZIP DAYTONA BEACH SHORES FL

TITLE PVSD ☐ Change ☒ Addition
NAME HAROLD RAY
STREET ADDRESS 3137 S ATLANTIC AVE STE 1
CITY- ST- ZIP DAYTONA BEACH SHORES FL 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Harold Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Date

386.322.1102

Daytime Phone #