


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 042 ***150.00

DOCUMENT # P97000016056	
1. Entity Name DAYTONA AUTO TRENDS, INC.	

40045533



03142007 Chg-P CR2E034 (12/06)

Principal Place of Business 201 N RIDGEWOOD AVE DAYTONA BEACH, FL 32114		Mailing Address 201 N RIDGEWOOD AVE DAYTONA BEACH, FL 32114	
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

4. FEI Number 59-3428191	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, WALTER S 201 N RIDGEWOOD AVE DAYTONA BEACH, FL 32174	
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7. Name and Address of New Registered Agent Name Robert Desmond Street Address (P.O. Box Number is Not Acceptable) 201 N. Ridgewood Ave. City Daytona Beach FL Zip Code 32114	
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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: *Robert Desmond* DATE: 3/27/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: LEWIS, WALTER S STREET ADDRESS: 835 COMMONWEALTH BLVD CITY-ST-ZIP: PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Robert Desmond STREET ADDRESS: 201 N. Ridgewood Ave. CITY-ST-ZIP: Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Robert Desmond* DATE: 3/27/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR