

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90153 049 ***150.00

DOCUMENT # P98000007633

1. Entity Name
DAYTONA BUSINESS SOLUTIONS, INC.



Principal Place of Business

1500 BEVILLE ROAD
606
DAYTONA BEACH, FL 32114 US

Mailing Address

P.O. BOX 529
DELAND, FL 32721-0529 US

60031902

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

905 Biscayne Blvd
Suite, Apt. #, etc.
#1

3. Mailing Address

905 Biscayne Blvd
Suite, Apt. #, etc.
#1



04252008 Chg-P CR2E034 (12/06)

City & State

DELAND FL

City & State

DELAND FL

4. FEI Number

59-3493639

Applied For

Not Applicable

Zip

32724

Country

USA

Zip

32724

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASS, ROBERT A
905 BISCAYNE BLVD
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME NASS, AMBER A
STREET ADDRESS 1500 BEVILLE RD, UNIT 606-302
CITY - ST - ZIP DAYTONA BEACH, FL 32114

TITLE ST ☐ Delete
NAME NASS, ROBERT A
STREET ADDRESS P.O. BOX 244
CITY - ST - ZIP DELAND, FL 32721

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **AMBER HORNBERGER**
STREET ADDRESS **905 Biscayne Blvd #1**
CITY - ST - ZIP **DELAND FL 32724**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **905 Biscayne Blvd #2**
CITY - ST - ZIP **DELAND FL 32724**

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08