## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # P98000025127

1. Entity Name

DIGITAL CONCEPTS OF DAYTONA INC.



Principal Place of Business

901 NIXON LANE

PORT ORANGE, FL 32119

Mailing Address

901 NIXON LANE

PORT ORANGE, FL 32119

### FILED Feb 23, 2004 8:00 am Secretary of State

02-23-2004 90041 038 \*\*\*150.00

34000'



02092004

No Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For Not Applicable

59-3498776

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DEPORTER, DAVID L 901 NIXON LANE PORT ORANGE, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulions of registered agent.	rpose of changing its re	gistered off	ce or re	egistered agent, or both,	in the State of Florida. I am familiar with, and accept		
SIGNATURE_	David Deter	DAVI	04	DEI	PORTER	2/18/04		
	Signature, typed or printed name of registered agent and title if	DATE						
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	-		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	FORS			<del></del>			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEPORTER, DAVID L 901 NIXON LN PT ORANGE, FL 32119 V STALLARD, SANDRA H 901 NIXON LN PT ORANGE, FL 32119			نبشة		للم النامولية والمناف		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN T	HIS SPACE		

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: Sandra H. STALLARD

LARD 2/18/04

386-761-6807

attachment

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

	A	NNUAL	REPORT										
DOCUMENT # P98000025127													
DIGITAL CONCEPTS OF DAYTONA INC.							5400	507	10	3			
Principal Place of Business Mailing			Mailing Address	<u></u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3760	77 (	V	<u> </u>			
901 NIXON LANE PORT ORANGE, FL 32119		901 NIXON LANE PORT ORANGE, FL 32119											
2. Principal Place of Business			3. Mailing Address				1M 6			o I care			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02112004	Chg-P	CR2E03	4 (10/03)				
City & State			City & State			4. FEI Number 59-3498				plied For t Applicable			
∠ıp	Zip Country		Zip	Country	'	5. Certificate o	f Status Desired		8.75 Addi				
. 7	6. Name and Add	Iress of Current Re	gistered Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7. Name and A	Address of New F						
DEPORTE	R DAVID I				Name STALLARD, SANDRA H.								
DEPORTER, DAVID L 901 NIXON LANE PORT ORANGE, FL 32119					Street Address (P.O. Box Number is Not Acceptable)								
				_		NIXON LA	NE						
					City PORT ORANGE FL					32119			
<ol><li>The above the obligat</li></ol>	named entity submits tions of registered agei	this statement for tont.	he purpose of changing its	s registered	office or register	red agent, or both	, in the State of FI	lorida. I am fa	miliar with, a	and accept			
SIGNATURE DAVID L. DEPORTER 2/18/04  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE													
			9 Floation Compo	ion Connei	OF	00							
	Ë NOWIII FEE IS ay 1, 2004 Fee w		9. Election Campa Trust Fund Con			.00 May Be led to Fees							
10.		OFFICERS AND DI	RECTORS	11.		ADDITIONS/C	HANGES TO OFF	FICERS AND E	DIRECTORS	3 IN 11			
TITLE	PST		☐ Delete	TITLE		· · ·	Numerica - 1		Change	☐ Addition			
NAME STREET ADDRESS	DEPORTER, DAV	ID L		NAME STREET	ADDRESS								
CITY-ST-ZIP	PT ORANGE, FL	32119		CITY-ST									
TITLE	V		☐ Delete	TITLE	PVST		V .	ĺ	X Change	☐ Addition			
NAME STREET ADDRESS	■ 17.1			NAME		LARD, SAN NIXON LAN							
CITY-ST-ZIP	3			CITY-ST		ORANGE,		32119					
TITLE			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	[	Change	Addition			
STREET ADDRESS CITY-ST-ZIP	يم ين بينيان	*** • · · · · · · · · · · · · · · · · ·	· <del>- ·</del> · · · <del>-</del> · · · · · · · · · · · · · · · · · · ·	STREET /	ADDRESS - ZIP		ست باهدائد						
TITLE			☐ Delete	TITLE			Briting .	[	Change	Addition			
NAME				NAME	1000ron								
STREET ADDRESS CITY-ST-ZIP				STREET /	1								
TITLE		······································	☐ Delete	TITLE				[	Change	Addition			
NAME CTREET ADDRESS				NAME	ADDRESS .					ļ			
STREET ADDRESS CITY-ST-ZIP				STREET A									
TITLE			☐ Delete	TITLE				ſ	Change	Addition			
NAME STREET ADDRESS				NAME	, noncee								
CITY-ST-ZIP				STREET A									
12. I hereby certify that the information supplied with this filling 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: Sandra H. Stallard SANDRA H. STALLARD 2/18/04 386-761-6807													
		JRE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER	OR DIRECTOR			Date	Dayt	me Phone #				