

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

**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

34000100



**DO NOT WRITE IN THIS SPACE**

02092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3498776

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 David L. DePorter **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) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: PST  
NAME: DEPORTER, DAVID L  
STREET ADDRESS: 901 NIXON LN  
CITY-ST-ZIP: PT ORANGE, FL 32119

TITLE: V  
NAME: STALLARD, SANDRA H  
STREET ADDRESS: 901 NIXON LN  
CITY-ST-ZIP: PT ORANGE, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP




**DO NOT WRITE  
IN THIS 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 **SANDRA H. STALLARD** 2/18/04 386-761-6807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000025127</b>			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02112004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3498776		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEPORTER, DAVID L 901 NIXON LANE PORT ORANGE, FL 32119		Name STALLARD, SANDRA H. Street Address (P.O. Box Number is Not Acceptable) 901 NIXON LANE City PORT ORANGE FL Zip Code 32119	
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  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)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEPORTER, DAVID L 901 NIXON LN PT ORANGE, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STALLARD, SANDRA H 901 NIXON LN PT ORANGE, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STALLARD, SANDRA H. 901 NIXON LANE PORT ORANGE, FLORIDA 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  SANDRA H. STALLARD		2/18/04 386-761-6807	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	