

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90049 010 ***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

2. Principal Place of Business

3. Mailing Address



03162005 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

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
STALLARD, SANDRA H.
901 NIXON LANE
PORT ORANGE, FL 32119 ☒ Change ☐ Addition

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

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

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

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

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 3/31/05 386-761-6807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #