



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90236 013 ***150.00

DOCUMENT # P99000004891 1. Entity Name BUMPER DOCTORS OF DAYTONA, INC					
Principal Place of Business 1476 SURREY PARK DRIVE DAYTONA BEACH, FL 32124			Mailing Address 1476 SURREY PARK DRIVE DAYTONA BEACH, FL 32124		
2. Principal Place of Business 1476 SURREY PARK DR <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1476 SURREY PARK DR <small>Suite, Apt. #, etc.</small>			
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL			
Zip 32128		Zip 32128			
Country 		Country 		01202004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3552622				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PEARSON, MARK S 1476 SURREY PARK DRIVE DAYTONA BEACH, FL 32124			7. Name and Address of New Registered Agent Name PEARSON, MARK S. Street Address (P.O. Box Number is Not Acceptable) 1476 SURREY PARK DR City PORT ORANGE FL Zip Code 32128		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P PEARSON, MARK S 1476 SURREY PARK DRIVE PORT ORANGE, FL 32124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARSON, MARK S 1476 SURREY PARK DR PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTID PEARSON, MARK S 1476 SURREY PARK DR PORT ORANGE, FL 32128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mark Pearson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-10-04</u> <small>Daytime Phone #</small>		