2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90266 015 ***150.00

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1. Entity Name
BUMPER DOCTORS OF DAYTONA, INC

400273866

02112005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1476 SURREY PARK DRIVE PORT ORANGE, FL 32128	1476 SURREY PARK DRIVE PORT ORANGE, FL 32128

2. Principal Place of Business	3. Mailing Address
2271 Old Kings Rd	2271 Old Kings Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange, Fl	City & State: Port Orange, Fl
Zip: 32129 Country: U.S.	Zip: 32129 Country: U.S.

4. FEI Number 59-3552622 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEARSON, MARK S
1476 SURREY PARK DRIVE
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent

Name: Mark S Pearson
Street Address (P.O. Box Number is Not Acceptable): 2271 Old Kings Rd
City: Port Orange FL Zip Code: 32129

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: Mark Pearson — 3-3-05
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			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 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pearson, Kyle 2271 Old Kings Rd Port Orange, Fl 32129	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PEARSON, MARK S 1476 SURREY PARK DR PORT ORANGE, FL 32128	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Pearson, Mark S 2271 Old Kings Rd Port Orange, Fl 32129	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Mark Pearson President 3-3-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #