

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-04-2005 90046 028 \*\*\*150.00

<b>DOCUMENT # P99000055238</b> 1. Entity Name <b>KOFFEE KUP OF DAYTONA, INC.</b>			
Principal Place of Business <b>1210 N. NOVA ROAD DAYTONA BEACH, FL 32117</b>		Mailing Address <b>1210 N. NOVA ROAD DAYTONA BEACH, FL 32117</b>	
2. Principal Place of Business <b>1025 N NOVA Rd.</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>1025 N NOVA Rd.</b> Suite, Apt. #, etc. <b>101</b>	
City & State <b>Holly Hill FL</b> Zip <b>32117</b>		City & State <b>Holly Hill FL</b> Zip <b>32117</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>	
4. FEI Number <b>59-3588177</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORNELL, ALVA</b> <b>1210 N. NOVA ROAD</b> <b>DAYTONA BEACH, FL 32117</b> <b>1025 N NOVA Rd. # 101</b> <b>Holly Hill FL 32117</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>CORNELL, ALVA</b> STREET ADDRESS <b>1210 N. NOVA ROAD</b> CITY- ST- ZIP <b>DAYTONA BEACH, FL 32117</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>CORNELL, VIRGINIA</b> STREET ADDRESS <b>1210 N. NOVA ROAD</b> CITY- ST- ZIP <b>DAYTONA BEACH, FL 32117</b>	<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.			
<b>SIGNATURE: ALVA CORNELL</b> <b>3/28/05</b> <b>3862551077</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			