

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000056157

1. Entity Name

DAYTONA CLUB, INC.



Principal Place of Business

2900 S. NOVA RD., UNIT #6
SOUTH DAYTONA FL 32119

Mailing Address

2900 S. NOVA RD., UNIT #6
SOUTH DAYTONA FL 32119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581552

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/06)

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SITA, ENRICO
2900 S. NOVA RD., UNIT #6
SOUTH DAYTONA FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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
DP
FREIMARK, GARY
750 REED CANAL RD., #26#6
SOUTH DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000000573977
08/09/06-80006-005 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
SITA, ENRICO
2226 KENILWORTH AVE.
SOUTH DAYTONA FL 32119 ☐ Delete

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

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY FREIMARK

8/1/06

1-386-767-4731

Date

Daytime Phone