2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DÖCÜMENT # P99000070561

1. Entity Name

AUTO-BANK OF DAYTONA, INC.



FILED
Jan 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

510 NORTH NOVA ROAD DAYTONA BEACH, FL 32114 510 NORTH NOVA ROAD DAYTONA BEACH, FL 32114



01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3637094

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NISBETT, RICHARD 510 N NOVA ROAD DAYTONA BEACH, FL 32114

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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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Frust Fund Contribut			cing . \square	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PTD NISBETT, RICHARD 510 NORTH NOVA ROAD DAYTONA BEACH, FL 32114				NOODOOFDEOE4
NAME STREET ADDRESS CITY-ST-ZIP	VSD CONWAY, CRAIG 510 NORTH NOVA ROAD DAYTONA BEACH, FL 32114				U00000586854 01/17/07-80010-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TRILE MAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			ř		

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATINGS AND TYPES OF BRINGED NAME OF SIGNING TESICES OF DISECTOR

RICHARD MIRROY PLAY 1-11-0

Date

Daytime Phone #