

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90196 019 \*\*\*150.00

**DOCUMENT # P99000073318**

1. Entity Name  
RBH - DAYTONA, INC.



Principal Place of Business

444 SEABREEZE BLVD.  
SUITE 900  
DAYTONA BEACH, FL 32118

Mailing Address

POST OFFICE BOX 15200  
DAYTONA BEACH, FL 32115-5200

19000106



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3630270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOOD, CHARLES D JR  
444 SEABREEZE BLVD, SUITE 900  
DAYTONA BEACH, FL 32118

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME HOOD, CHARLES D JR  
STREET ADDRESS 444 SEABREEZE BLVD STE 900  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE VP  
NAME ROSSMEYER, BRUCE O  
STREET ADDRESS 290 N BEACH ST  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D  
NAME BUQUICCIO, ANGELO  
STREET ADDRESS 1825 BUSINESS PARK DRIVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D  
NAME MCGRATH, BARBARA  
STREET ADDRESS 275 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #