2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000073318

1. Entity Name
RBH - DAYTONA, INC.

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH, FL 32118	POST OFFICE BOX 15200 DAYTONA BEACH, FL 32115-5200

DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3630270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when ok blank)*

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	

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05/05/06-80101-001 158.75

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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: _____ 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #