

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-23-2004 90196 018 ***150.00

DOCUMENT # P99000109078

1. Entity Name

RH DAYTONA BEACH, 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

12000100



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3613622

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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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

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

(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
STREET ADDRESS 444 SEABREEZE BLVD. SUITE 900
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE S
NAME ROSSMEYER, BRUCE
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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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 #