

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000109078

1. Entity Name
RH DAYTONA BEACH, INC.



FILED

07 FEB 27 AM 10:02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

JS



02222007 Chg-P CR2E034 (12/06)

Principal Place of Business
444 SEABREEZE BLVD.
SUITE 900
DAYTONA BEACH, FL 32118

Mailing Address
POST OFFICE BOX 15200
DAYTONA BEACH, FL 32115-5200

2. Principal Place of Business - No P.O. Box #
444 SEABREEZE BLVD.

3. Mailing Address
115 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 900

City & State
DAYTONA BEACH, FLORIDA

City & State
DAYTONA BEACH, FLORIDA

Zip
32118

Country
VOLUSIA

Zip
32118

Country
VOLUSIA

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

7. Name and Address of New Registered Agent

Name
LOUIS J. TERMINELLO

Street Address (P.O. Box Number is Not Acceptable)
2700 SE 37TH AVENUE

City
MIAMI

FL

Zip Code
33133

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

2/23/2007

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STD | |
| DEL PERCIO, LEONARD | |
| 957 HARBOR VIEW NORTH | |
| HOLLYWOOD, FLORIDA 33019 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| PD | |
| LOWREY, ROBERT III | |
| 2601 SPRUCE CREEK BLVD. | |
| PORT ORANGE, FLORIDA 32129 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TVPD | |
| DEL PERCIO, MICHAEL ROCCO | |
| 400 DIPLOMAT PKWY, SUITE # 710 | |
| BALLENDALE, FLORIDA 33009 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 400091533354 | |
| 03/07/07--01004--011 **\$1.25 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Michelle Acebal
by Power of Attorney 2-23-07 305-444-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #