

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90183 041 ***150.00

DOCUMENT # S70147
 1. Entity Name
DAYTONA VACATIONS, INC.



Principal Place of Business Mailing Address
 1303 S. ATLANTIC AVENUE 1303 S. ATLANTIC AVENUE
 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
160 POINT O' WOODS DR. *160 POINT O' WOODS DR.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State
DAYTONA BEACH, FL *DAYTONA BEACH, FL*
 Zip Country Zip Country
32114 *VOLUSIA* *32114* *VOLUSIA*

4. FEI Number 59-3074962 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MONTGOMERY, WANDA M.
160 POINT O' WOODS DR
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Wanda Montgomery* DATE *4/10/07*
Signature, typed or printed name of registered agent and fee if applicable Registered Agent Signature (required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MONTGOMERY, WANDA M.			NAME			
STREET ADDRESS	160 POINT O'WOODS DR			STREET ADDRESS			
CITY ST ZIP	DAYTONA BEACH FL			CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wanda Montgomery* DATE: *4/10/07* DAYTONA PHONE #: *386-299-459*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #