

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

1303 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Mailing Address

1303 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

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

160 POINT O' WOODS DR.

Suite, Apt. #, etc.

3. Mailing Address

160 POINT O' WOODS DR.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip
32114

Country

FLORIDA

City & State

DAYTONA BEACH, FL

Zip
32114

Country

FLORIDA

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

Signature, typed or printed name of registered agent and user (not applicable)

Registered Agent signature required when reinstating

4/10/07

DATE

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTS
MONTGOMERY, WANDA M.
160 POINT O' WOODS DR
DAYTONA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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NAME
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CITY ST ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

386-299-459

Daytona Phone #