


**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90322 006 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # V29221**

1. Entity Name  
 DOWNTOWN DAYTONA 2000, INC.



Principal Place of Business  
 400 S. ATLANTIC AVE.  
 SUITE 101  
 ORMOND BEACH, FL 32176 US

Mailing Address  
 400 S. ATLANTIC AVE.  
 SUITE 101  
 ORMOND BEACH, FL 32176 US

66422734



2. Principal Place of Business  
 861 Ballowh Road

3. Mailing Address  
 861 Ballowh Road

Suite, Apt. #, etc.

04122004 Chg-P CR2E034 (10/03)

City & State  
 DAYTONA BEACH FL

City & State  
 DAYTONA BEACH FL

Zip  
 32114-2211

Country  
 USA

4. FEI Number  
 59-3124720

Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

UPTON, HUGH D.  
 400 S. ATLANTIC AVENUE  
 SUITE 101  
 ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)  
 861 Ballowh Road

City DAYTONA BEACH FL Zip Code 32114

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 Hugh Upton DATE 4-13-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UPTON, HUGH D. 400 S. ATLANTIC AVE., SUITE 101 ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 861 Ballowh Road DAYTONA BEACH, FL 32114-2211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Hugh Upton Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)