

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040801

**Entity Name:** DAYTONA OUTDOOR KITCHENS, INC.

**Current Principal Place of Business:**

5889 SOUTH WILLIAMSON BLVD.  
UNIT 204  
PORT ORANGE, FL 32128

**Current Mailing Address:**

5889 SOUTH WILLIAMSON BLVD.  
UNIT 204  
PORT ORANGE, FL 32128

**FEI Number:** 45-2040646

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAKEMAN, GWEN S  
5889 SOUTH WILLIAMSON BLVD  
#204  
PORT ORANGE, FL 32128 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MOORE, CHARLES  
Address 3900 S. 50TH STREET  
City-State-Zip: TAMPA FL 33619

Title VPD  
Name MOORE, DAVID  
Address 5889 SOUTH WILLIAMSON BLVD.,  
#204  
City-State-Zip: PORT ORANGE FL 32128

Title TD  
Name WAKEMAN, GWEN  
Address 5889 SOUTH WILLIAMSON BLVD.,  
#204  
City-State-Zip: PORT ORANGE FL 32128

Title SD  
Name EZBIANSKI, SUSAN  
Address 3900 S. 50TH STREET  
City-State-Zip: TAMPA FL 33619

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID MOORE

VP

03/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date