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**FILED**
**Apr 05, 2004 8:00 am**
**Secretary of State**
03-22-2004 90046 013 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000107891

1. Entity Name
D & P OF CHARLOTTE COUNTY, INC.

66409640

| Principal Place of Business | Mailing Address |
|---|---|
| 19800 VETERANS BLVD #A-13<br>PORT CHARLOTTE, FL 33954 | 19800 VETERANS BLVD #A-13<br>PORT CHARLOTTE, FL 33954 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4301 32ND ST | 4301 32ND ST. |
| Suite, Apt. #, etc.<br>W-B-20 | Suite, Apt. #, etc.<br>W-B-20 |
| City & State<br>BRADENTON, FL. | City & State<br>BRADENTON, FL. |
| Zip<br>34205 Country<br>MANATEE | Zip<br>34205 Country<br>MANATEE |

02282004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0207678 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 |
|---|---|
| HEEKIN, JOHN C<br>21202 OLEAN BLVD STE C-2<br>PORT CHARLOTTE, FL 33952 | Name: PETER MORTON<br>Street Address (P.O. Box Number is Not Acceptable): 2401 ISTON ROAD<br>City: SARASOTA FL Zip Code: 34231 |

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: _____ PRESIDENT 3/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

**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 1 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>WOLFF, DARLEEN M<br>110 PECKHAM STREET SW<br>PORT CHARLOTTE, FL 33952 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | WOLFF, DARLEEN M ☐ Change ☐ Addition<br>VICE PRESIDENT<br>110 PECKHAM ST. SW<br>PORT CHARLOTTE FL. 33952 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Delete<br>MORTON, PETER<br>19800 VETERANS BLVD #A-13<br>PORT CHARLOTTE, FL 33954 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT ☐ Change ☐ Addition<br>MORTON, PETER<br>4301 32ND ST. W-B-20<br>BRADENTON, FL. 34205 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER ☐ Change ☐ Addition<br>WOLFF DARLEEN<br>110 PECKHAM ST. SW<br>PORT CHARLOTTE, FL. 33952 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ PRESIDENT 3/18/04 (941) 743-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #