

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134609

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** DSGL COMPANY

**Current Principal Place of Business:**

715 PONCE DE LEON BLVD  
BELLEAIR, FL 33756

**New Principal Place of Business:**

715 PONCE DE LEON BLVD  
BELLEAIR, FL 33756 US

**Current Mailing Address:**

715 PONCE DE LEON BLVD  
BELLEAIR, FL 33756

**New Mailing Address:**

715 PONCE DE LEON BLVD  
BELLEAIR, FL 33756 US

**FEI Number:** 59-3546133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGNER, SUSAN  
715 PONCE DE LEON BLVD  
BELLEAIR, FL 33756 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WAGNER, SUSAN  
Address: 715 PONCE DE LEON BLVD  
City-St-Zip: BELLEAIR, FL 33756 US

Title: DT  
Name: WAGNER, SUSAN  
Address: 715 PONCE DE LEON BLVD  
City-St-Zip: BELLEAIR, FL 33756 US

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: SUSAN WAGNER

DP

03/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date