
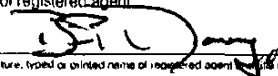

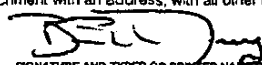



FILED
May 06, 2005 8:00 am
Secretary of State

04-11-2005 90173 045 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000163895			
1. Entity Name D AND C REAL ESTATE INC.			
Principal Place of Business 6385 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463		Mailing Address 6385 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463	
2. Principal Place of Business 14695 97 TH RD NORTH Suite, Apt. #, etc.		3. Mailing Address 14695 97 TH RD NORTH Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH FL	
Zip 33412	Country USA	Zip 33412	Country USA
4. FEI Number 32-0134007		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVEY, M.D., BRIAN P 6385 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name CHARLENE CREECH Street Address (P.O. Box Number is Not Acceptable) 14695 97 TH ROAD NORTH City WEST PALM BEACH FL Zip Code 33412	
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 		SIGNATURE  DATE 5/4/05	
SIGNATURE, typed or printed name of registered agent, if applicable.		(NOTE: Registered Agent signature required when reinstated)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVEY, M.D., BRIAN P 6385 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CREECH, CHARLENE 14695 97TH ROAD NORTH WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE  DATE 5/4/05 (561)252-2732	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66016100



05042005 Chg-P CR2E034 (10/03)