2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: CAUR GLOS CAROL P. Grass SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPURI (AR)					7 7 30 3004 00 00 43 T		
DOCUMENT # P93000035260 1. Entity Name					Jan 28, 2004 08:00 AM Secretary of State		
D AND C	IMPORT-EXPORT, INC.						
Principal Place of Business		Mailing Address					
3089 DELTONA BLVD. SPRING HILL FL 34606		3089 DELTONA BLVD. SPRING HILL FL 34606					
				· a			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc		Suste, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State			4. FEI Number 59-3179418 Applied Fo		
Zip	Country	Zip	Country	у	5. Certificate of Status Desired \$8.75 Additional Fee Required	,	
	6. Name and Address of Curren	Registered Agent		Name	7. Name and Address of New Registered Agent	<u></u>	
GROSS, RICHARD E						 :	
308	9 DËLTONA BLVD. IING HILL FL 34606		-	Sireet Address ((P.O. Box Number is Not Acceptable)	_4	
				City	FL Zip Code		
	named entity submits this statement factors of registered agent.	or the purpose of changing i	ts registered	d office or register	ered agent, or both, in the State of Flonda. I am familiar with, and acc	cept	
SIGNATURE .	Signature Typed or printed name of registered agen	it and title if applicable. (NO	OTE Registered	Agent signature required	of when reinstating) DATE	_ _= _==	
	ILE NOW!!! FEE IS \$150.00				9. Electron Campaign Financing\$5.00 May	Ro	
	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	of State			Trust Fund Contribution. Added to Fee		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	edition.	
TITLE NAME	D GROSSS, RICHARD E	☐ Delete	TITLE NAME		☐ Change ☐ Ad	AGIBON	
STREET ADDRESS CITY-ST-ZIP	3089 DELTONA BLVD. SPRING HILL FL 34606			I ADDRESS	00000017762 01/28/04-80108-010 150.00	-	
MILE	D	☐ Delete	TETLE		☐ Change ☐ Ad	ldition	
NAME STREET ADDRESS	GROSSS, CAROLRD R 3089 DELTONA BLVD.		NAME	F ADDRESS			
CRY - ST - ZIP	SPRING HILL FL 34606		CITY - S	i			
TATLE		☐ Delete	ute		☐ Change ☐ Ad	dition	
NAME STREET ADDRESS			NAME	ADDRESS			
CITY-ST-ZIP			CITY - S				
स्याह		☐ Delete	FITLE		☐ Change ☐ Ad	idition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			SINEE!	TADDRESS ST-ZIP			
TITLE		☐ Delete	THELE		Change Ad	deition	
NAME			NAME	T 4000555			
STREET ADDRESS City - St - Zip			GITY-S	T ADDRESS ST-ZIP			
TITLE		☐ Delete	THE		☐ Change ☐ Ac	ddition	
NAME STREET ADDRESS			NAME STREET	T ADDRESS			
CITY+ST-ZIP			CHTY-5	\$			
indicated of the cor	t on this report or supplemental report	is true and accurate and that cowered to execute this repo	it my signatu ort as require	ire shall have the	section 119.07(3)(i), Florida Statutes, I further certify that the informat s same legal effect as if made under oath; that I am an officer or dire o7, Florida Statutes, and that my name appears in Block 10 or Block	ctor	

EII ED

Date Date