

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90261 025 ***150.00

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1. Entity Name
DCP HOLDINGS, INC.



Principal Place of Business
3520 AIRPORT ROAD
LAKELAND, FL 33811 US

Mailing Address
3520 AIRPORT ROAD
LAKELAND, FL 33811 US

54036226



DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3346440

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DELLIVENIRI, MICHAEL T
3520 AIRPORT ROAD
LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DPT
NAME	DELLIVENIRI, MICHAEL T
STREET ADDRESS	3520 AIRPORT ROAD
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	DVPS
NAME	DELLIVENIRI, BRENDA
STREET ADDRESS	3520 AIRPORT ROAD
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Brenda Delliveniri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

218-04

Date

863-644-0030

Daytime Phone #