## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P97000000361** 1. Entity Name DBSB, INC. Principal Place of Business Mailing Address 3740 BEACH BOULEVARD 3740 BEACH BOULEVARD SUITE 300 SUITE 300 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

## **FILED** Apr 22, 2004 08:00 AM Secretary of State



03122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3419630

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DEMETREE, J C JR 3740 BEACH BOULEVARD SUITE 300 JACKSONVILLE, FL 32207

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4/19/04

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  Output  Date					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	1,970000124105 04/22/04-80030-023 150.00
10. OFFICERS AND DIRECTORS					
TITLS NAME STREET ADDRESS CITY-ST-ZIP	PT DEMETREE, J C JR 3740 BEACH BLVD #300 JACKSONVILLE, FL 32207	47			
Title Name Street Address City-St-Zip	CEO DEMETREE, JACK C 3740 BEACH BLVD #300 JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT DEMETREE, MARK C 3740 BEACH BLVD #300 JACKSONVILLE, FL 32207	_	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY: ST-ZIP	VPAS DEMETREE, CHRISTOPHER C 3740 BEACH BLVD #300 JACKSONVILLE, FL 32207				
TITLE MAME STREET ADDRESS CITY - ST - ZIP	VPAS DUNN, M. HARRIS 3740 BEACH BLVD #300 JACKSONVILLE, FL 32207				
TITLE NAME SYMEET ACCUPESS CITY+ST-ZIP					
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 earth; that I am an officer or director of the corporation or the receiver or trustee empowered to evecute this redort 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.					

IG OFFICER OR DIRECTOR