


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90394 015 \*\*\*150.00

**50038786**



<b>DOCUMENT # P97000000361</b>					
1. Entity Name DBSB, INC.					
Principal Place of Business 3740 BEACH BOULEVARD SUITE 300 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BOULEVARD SUITE 300 JACKSONVILLE, FL 32207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3419630	
				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			7. Name and Address of New Registered Agent		
DEMETREE, J C JR 3740 BEACH BOULEVARD SUITE 300 JACKSONVILLE, FL 32207			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEMETREE, J C JR		NAME		
STREET ADDRESS	3740 BEACH BLVD #300		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, JACK C		NAME	Jack C. Demetree	
STREET ADDRESS	3740 BEACH BLVD #300		STREET ADDRESS	3740 Beach Blvd., Suite 300	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VSAT	<input type="checkbox"/> Delete	TITLE	VSATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, MARK C		NAME	Mark C. Demetree	
STREET ADDRESS	3740 BEACH BLVD #300		STREET ADDRESS	3740 Beach Blvd., Suite 300	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	VPASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, CHRISTOPHER C		NAME	Christopher C. Demetree	
STREET ADDRESS	3740 BEACH BLVD #300		STREET ADDRESS	3740 Beach Blvd., Suite 300	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, M. HARRIS		NAME		
STREET ADDRESS	3740 BEACH BLVD #300		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>J. C. Demetree, Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					