


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000000361</b> 1. Entity Name DBSB, INC.	
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Principal Place of Business 3740 BEACH BOULEVARD SUITE 300 JACKSONVILLE, FL 32207	Mailing Address 3740 BEACH BOULEVARD SUITE 300 JACKSONVILLE, FL 32207
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02212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3419630</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	DEMETREE, J C JR
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	CEOD
NAME	DEMETREE, JACK C
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	VSAT
NAME	DEMETREE, MARK C
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	VPAS
NAME	DEMETREE, CHRISTOPHER C
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	VPAS
NAME	DUNN, M. HARRIS
STREET ADDRESS	3740 BEACH BLVD #300
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000537862  
 05/09/06-80027-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *J.C. Demetree Jr.* 4-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #