

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034621

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: DPI INFORMATION SERVICES, INC.

**Current Principal Place of Business:**

2318 W COLUMBUS DR 2ND FLOOR  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4768  
TAMPA, FL 33677 US

**New Mailing Address:**

FEI Number: 65-0756041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOGLE, SEAN ESQ  
706 TURNBULL AVENUE, UNIT 203  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: WHITTINGTON, ROBERT RUSSELL III  
Address: 1311 WILLOW BEND WAY  
City-St-Zip: LUTZ, FL 33549

Title: VS ( ) Delete  
Name: FISSELL, CLARA  
Address: 145 NORTHMOOR RD  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA MAGID

ADM

03/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date