

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000073482

**FILED**  
**Jan 17, 2015**  
**Secretary of State**  
**CC4876768541**

**Entity Name:** DISABLED DEALER ENTERPRISES INC.

**Current Principal Place of Business:**

578 BIMINI BAY BLVD  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

578 BIMINI BAY BLVD  
APOLLO BEACH, FL 33572 US

**FEI Number:** 59-3400019

**Certificate of Status Desired:** No

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

SMITH, STELLA MVP  
578 BIMINI BAY BLVD  
APOLLO BEACH, FL 33572 US

*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

**Officer/Director Detail :**

Title P  
Name O'RIORDAN, OLIVER J  
Address 769 KINGSTON CT  
City-State-Zip: APOLLO BEACH FL 33572

Title ST  
Name SMITH, ROBERT J  
Address 578 BIMINI BAY BLVD  
City-State-Zip: APOLLO BEACH FL 33572

Title EPV  
Name SMITH, STELLA  
Address 426 ISLAND CAY WY  
City-State-Zip: APOLLO BEACH FL 33572

*I hereby 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 all other like empowered.*

**SIGNATURE:** STELLA SMITH

VP

01/17/2015

Electronic Signature of Signing Officer/Director Detail

Date