


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 291799 1. Entity Name DOLPH PROPERTIES, INC.	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2739 WASHINGTON AVE. ST LOUIS, MO 63103 US	Mailing Address 2739 WASHINGTON AVE. ST LOUIS, MO 63103 US
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1140280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ORTHWEIN, ADOLPHUS B 11397 POND VIEW DR. APT E-103 WEST PALM BEACH, FL 33414	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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ORTHWEIN, A.B. 11397 POND VIEW DR. APT. E-103 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY ST ZIP	VASD ORTHWEIN, S.A. 347 N LINDBERGH BLVD STE A SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY ST ZIP	D ORTHWEIN, P.B. ONE LAFAYETTE PL GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY ST ZIP	D ORTHWEIN, A B JR 4647 POLO LANE ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY ST ZIP	ST OTTO, W.C. 4 CLARKSON FARM DRIVE CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY ST ZIP	D ORTHWEIN, C D 7405 SOUTH FLAGLER DR WEST PALM BEACH, FL 33405

000000155519
05/05/04-80041-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: W. Clay Otto - Treasurer 4/29/04 314-535-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #