

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-23-2004 90023 019 ***150.00

DOCUMENT # 371955 1. Entity Name DEE WORLD PROPERTIES, INC. <i>C/O RALPH C. ALLEN</i>																																																																																																																																			
Principal Place of Business 214 ORANGE STREET AUBURNDALE FL 33823		Mailing Address 214 ORANGE STREET AUBURNDALE FL 33823																																																																																																																																	
2. Principal Place of Business 1401 So. FLA AVE Suite, Apt. #, etc.		3. Mailing Address 1401 So. FLA AVE Suite, Apt. #, etc.																																																																																																																																	
City & State LAKELAND, FL Zip 33803 Country USA		City & State LAKELAND, FL Zip 33803 Country USA		4. FEI Number 59-1383236 Applied For ☐ Not Applicable																																																																																																																															
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				 MOORE CR2E034 (11/03)																																																																																																																															
6. Name and Address of Current Registered Agent ALLEN, JAMES E, JR 214 ORANGE STREET AUBURNDALE FL 33823																																																																																																																																			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">VS</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td colspan="2" style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CAUSEY, JOHN</td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 5888</td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKELAND FL 33807</td> <td></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td colspan="2" style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ALLEN, JAMES E JR.</td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>214 ORANGE STREET</td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>AUBURNDALE FL 33823</td> <td></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td colspan="2" style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td colspan="2" style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td colspan="2" style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	VS	☐ Delete	TITLE	☐ Change ☐ Addition		NAME	CAUSEY, JOHN		NAME			STREET ADDRESS	PO BOX 5888		STREET ADDRESS			CITY- ST- ZIP	LAKELAND FL 33807		CITY- ST- ZIP			TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition		NAME	ALLEN, JAMES E JR.		NAME			STREET ADDRESS	214 ORANGE STREET		STREET ADDRESS			CITY- ST- ZIP	AUBURNDALE FL 33823		CITY- ST- ZIP			TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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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: <i>[Signature]</i> VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			
Date: <i>3/2/04</i> 863-666-6030 Daytime Phone #																																																																																																																																			