


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90005 035 \*\*\*550.00

<b>DOCUMENT # F02000001756</b> 1. Entity Name <b>D.P. ASSOCIATES INC.</b>					
Principal Place of Business <b>2605 THOMAS DR, STE 215 PANAMA CITY BEACH, FL 32408</b>			Mailing Address <b>2605 THOMAS DR, STE 215 PANAMA CITY BEACH, FL 32408</b>		
2. Principal Place of Business <b>6196 Lake Gray Blvd.</b> Suite, Apt. #, etc. <b>Suite 112</b> City & State <b>Jacksonville, FL</b> Zip <b>32244</b>			3. Mailing Address <b>6196 Lake Gray Blvd.</b> Suite, Apt. #, etc. <b>Suite 112</b> City & State <b>Jacksonville, FL</b> Zip <b>32244</b>		
Country <b>US</b>			Country <b>US</b>		
4. FEI Number <b>54-1389520</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWIS, JOHN 2605 THOMAS DR, STE 215 PANAMA CITY, FL 32408</b>			7. Name and Address of New Registered Agent Name <b>AUGUSTUS CLARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>6196 Lake Gray Blvd.</b> <b>Suite 112</b> City <b>Jacksonville</b>		
State <b>FL</b>			Zip Code <b>32244</b>		
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: <i>[Signature]</i> <b>Augustus W. Clark, Business Mgr</b> <b>19 JULY 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPS PATTERSON JR., DONALD J 3105 NORTHWOOD RD FAIRFAX, VA 22031</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCVP MORELL, ALLEN 5900 BOKEL DR CHANTILLY, VA 22021</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 the 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 information covered.					
SIGNATURE: <i>[Signature]</i> <b>7/15/04 703-521-6236</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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