

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F94000005452

1. Entity Name
DCI PROPERTIES, INC.



Principal Place of Business
P O BOX 366879
BONITA SPRINGS, FL 34136

Mailing Address
P O BOX 366879
BONITA SPRINGS, FL 34136



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0515401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000910709
05/07/08 88012-000 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCARDLE, DAVID A
STREET ADDRESS	1600 E MAIN ST, STE B
CITY-ST-ZIP	SAINT CHARLES, IL 60174

TITLE	SD
NAME	WELTY, RODNEY A
STREET ADDRESS	1600 E MAIN ST, STE B
CITY-ST-ZIP	SAINT CHARLES, IL 60174

TITLE	V
NAME	DEWHIRST, NED E
STREET ADDRESS	POB 366879
CITY-ST-ZIP	BONITA SPRINGS, FL 34136

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rodney A. Welty, Corp. Secretary 4-14-08 630-584-6580