

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # J69585**

1. Entity Name  
**DEALER SERVICES UNLIMITED INC.**



**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**31 CLOVERLAND COURT  
PENSACOLA, FL 32505**

Mailing Address  
**31 CLOVERLAND COURT  
PENSACOLA, FL 32505**



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2798383**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARRISON, WESLEY S  
31 CLOVERLAND CT  
PENSACOLA, FL 32505**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000590391  
01/18/07-80053-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HARRISON, WESLEY S.
STREET ADDRESS	31 CLOVERLAND CT
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	HARRISON, VICTOR K
STREET ADDRESS	12538 OPHELIA DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	S
NAME	CHWASTYK, STEPHEN P
STREET ADDRESS	1213 HAWTHORN DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	T
NAME	FULLER, TERRY D
STREET ADDRESS	219 OAK ST
CITY-ST-ZIP	FT WALTON BCH, FL
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:** Wesley Harrison Wesley Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/15/07

Date

850 469-1167

Daytime Phone #