2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J69585

1. Entity Name
DEALER SERVICES UNLIMITED INC.

Principal Place of Business	Mailing Address
31 CLOVERLAND COURT	31 CLOVERLAND COURT
PENSACOLA, FL 32505	PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE

01172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2798383	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

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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 _Wesley Harrison_   1/20/09

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

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		

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02/08/08-80046-005 150.00

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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_   1/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #