2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003609

1. Entity Name
D S & C, L.L.C.

Principal Place of Business	Mailing Address
47 S.W. 17TH STREET OCALA, FL 34474 US	47 S.W. 17TH STREET OCALA, FL 34474 US

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02242004No Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0612602
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PHELAN, WILLIAM H JR.
101 S.W. THIRD STREET
OCALA, FL 34474

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

H04000057622
02/27/04-80006-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CURRY, D. CRAIG
STREET ADDRESS	47 S.W. 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	WEAVER, DOUG E
STREET ADDRESS	47 S.W. 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	MAPES, SCOTT
STREET ADDRESS	47 S.W. 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Scott Mapes SCOTT MAPES 2/24/04 352-732-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #