

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12925

FILED
Jun 16, 2009
Secretary of State

Entity Name: D.B.S. OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

600 S. FRENCH AVENUE
% PAUL HANSON
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

600 S. FRENCH AVENUE
% PAUL HANSON
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2970880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, PAUL V
437 SHERYL DR
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSON, PAUL
Address: 437 SHERYL DR
City-St-Zip: DELTONA, FL 32738

Title: ST () Delete
Name: FANSLER, BRIAN
Address: 600 S. FRENCH AVE
City-St-Zip: SANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HANSON

P

06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date