

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90020 019 \*\*\*\*61.25

DOCUMENT # N02000003755

1. Entity Name  
DEBT REDUCTION SOLUTIONS, INC.



Principal Place of Business  
5669 PARK STREET NORTH  
ST. PETERSBURG, FL 33709

Mailing Address  
5669 PARK STREET NORTH  
ST. PETERSBURG, FL 33709

640000104



2. Principal Place of Business  
2300 TALL PINES DR.

3. Mailing Address  
2300 TALL PINES DR.

Suite, Apt. #, etc.  
SUITE 100

Suite, Apt. #, etc.  
SUITE 100

City & State

City & State

LARGO, FL

LARGO, FL

Zip  
33771

Country  
USA

Zip  
33771

Country  
USA

01282004 Chg-NP CR2E037 (10/03)

4. FEI Number  
02-0617416

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BLODIG, GREGORY J  
100 W CYPRESS CREEK RD #700  
FT LAUDERDALE, FL 33309

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 of officer or director of registered agent and filer (see case)

(NOTE: Registered Agent's signature is not required when filing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
HANGGE, TIM  
5665 PARK STREET NORTH  
ST. PETERSBURG, FL 33709

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
ALLARD, BRIAN  
12101 77TH STREET  
LARGO, FL 33773

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
DOYLE, DAN  
6104A PALMA DEL MAR BOVD.  
ST. PETERSBURG, FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
HANGGE, TIM  
2300 TALL PINES DR, SUITE 100  
LARGO, FL 33771 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
ALLARD, BRIAN  
2300 TALL PINES DR, SUITE 100  
LARGO, FL 33771 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
DOYLE, DAN  
2300 TALL PINES DR, SUITE 100  
LARGO, FL 33771 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

12. 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 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 617, 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 empowerments.

SIGNATURE: Linda C. G. President & CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 (727) 460-2263  
Date Day-Mo-Yr File #