2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009403

Entity Name: DPI PRESS, INC.

P.O. BOX 5277

ENGLEWOOD, FL 34224

Address:

City-St-Zip:

FILED Mar 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 3563 PLACIDA, FL 33946 **Current Mailing Address: New Mailing Address:** P.O. BOX 3563 PLACIDA, FL 33946 FEI Number: 03-0497678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHAFFER, MERYL 141 KETTLÉ HARBOR DRIVE DON PEDRO ISLAND PLACIDA, FL 33946 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIR () Delete () Change () Addition SCHAFFER, MERYL MS. Name: Name: Address: P.O. BOX 804 Address: City-St-Zip: PLACIDA, FL 33946 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: JENACK, JEANPAUL MR. Name: Address: P.O. BOX 804 Address: City-St-Zip: PLACIDA, FL 33946 City-St-Zip: Title: DIR () Delete Title: () Change () Addition HALBERT, MARYBETH MS. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MERYL SCHAFFER **PRES** 03/15/2004