

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000038365

1. Entity Name
DSS ENTERPRISE, INC.



Principal Place of Business
2105 SISTERS WELCOME RD.
LAKE CITY, FL 32056

Mailing Address
P.O. BOX 1671
LAKE CITY, FL 32056



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654872

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

TUGGIE, DACEE
RT. 1, BOX 1839
WHITE SPRING, FL 32096

**DO NOT WRITE
IN THIS SPACE**

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 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, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HORNE, STEPHANIE
RT 18 BOX 973
LAKE CITY, FL 32025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
TUGGLE, DACEE
RT 1 BOX 1839
WHITE SPRINGS, FL 32096

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000147234
05/03/04-80099-002 150.00

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IN THIS SPACE**

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 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: *Dacee Tuggle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

386-7550994
Daytime Phone #