



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000042449</b> 1. Entity Name D.C. WHITFIELD ENTERPRISES, INC.	
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Principal Place of Business 3536 SW THISTLEWOOD LN STUART, FL 34994	Mailing Address 3536 SW THISTLEWOOD LN STUART, FL 34994
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<b>DO NOT WRITE IN THIS SPACE</b>
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01192004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1015486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WHITFIELD, DOUGLAS 3536 SW THISTLEWOOD LN STUART, FL 34994
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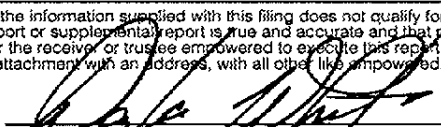
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST WHITFIELD, DOUGLAS 3536 SW THISTLEWOOD LN STUART, FL 34994
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02/02/04-80058-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DOUGLAS WHITFIELD	Date _____ Daytime Phone # _____