

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048578

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: D. STATION TECHNOLOGIES, INC.

## Current Principal Place of Business:

1301-11 MONUMENT ROAD  
#11&12  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 350120  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

1301-11 MONUMENT ROAD  
JACKSONVILLE, FL 32225 US

FEI Number: 59-3643306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEANGELIS, M. CARLA  
11365 CANVASBACK CT.  
JACKSONVILLE, FL 32225 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEANGELIS, CARLA  
Address: 11365 CANVASBACK CT.  
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete  
Name: GOLCHER, SHANNON  
Address: 11652 FT. CAROLINE LAKES DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: WINTON, WILLIAM  
Address: 10864 CROSSTIE CT.  
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete  
Name: CARTER, JANICE  
Address: 10771 JAVA DR.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: BOWES, MAC  
Address: 1636 WILDWOOD CRK LN.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: SCHMULLER, JOE  
Address: 10383 ARROW FOREST CT.  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE M CARTER

TD

04/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date