


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90156 002 ***150.00

DOCUMENT # P00000054356 1. Entity Name DEALERS CONTRACT SERVICES, INC. <i>"SERVICES"</i>					
Principal Place of Business 5243 RED CEDAR DR #5 FT. MYERS, FL 33907			Mailing Address 5243 RED CEDAR DR #5 FT. MYERS, FL 33907		
2. Principal Place of Business Suite, Apt. #, etc. 14101 U.S. 41 S.		3. Mailing Address <i>(Stuart Beville)</i> P.O. Box 60993 Suite, Apt. #, etc. P.O. Box 60993			
City & State St. Myer FL		City & State St. Myer FL		4. FEI Number 65-1013414	
Zip 33912		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEVELLE, DONALD S 5243 RED CEDAR DR #5 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name Beville, DONALD STUART Street Address (P.O. Box Number is Not Acceptable) 609 S.E. 22nd St. City Cape Coral FL Zip Code FL 33990			
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 <i>(Signature)</i> "STUART Beville" 4/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME BEVELLE, DONALD S		TITLE Beville, DONALD STUART	NAME P.O. Box 60993	
STREET ADDRESS 5243 RED CEDAR DR #5	CITY-ST-ZIP FT. MYERS, FL 33907		STREET ADDRESS P.O. Box 60993	CITY-ST-ZIP St. Myer FL 33906	
TITLE SD	NAME LOTHER, HEATHER S		CITY-ST-ZIP FT MYERS, FL 33907		
STREET ADDRESS 5243 RED CEDAR DR#5	CITY-ST-ZIP FT MYERS, FL 33907		TITLE NAME		
CITY-ST-ZIP FT MYERS, FL 33907	CITY-ST-ZIP FT MYERS, FL 33907		STREET ADDRESS NAME		
CITY-ST-ZIP FT MYERS, FL 33907	CITY-ST-ZIP FT MYERS, FL 33907		CITY-ST-ZIP NAME		
CITY-ST-ZIP FT MYERS, FL 33907	CITY-ST-ZIP FT MYERS, FL 33907		CITY-ST-ZIP NAME		
CITY-ST-ZIP FT MYERS, FL 33907	CITY-ST-ZIP FT MYERS, FL 33907		CITY-ST-ZIP NAME		
CITY-ST-ZIP FT MYERS, FL 33907	CITY-ST-ZIP FT MYERS, FL 33907		CITY-ST-ZIP NAME		
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: <i>(Signature)</i> STUART Beville 4/8/05 (239) 340-4918 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					