## **2007 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Jan 29, 2007 08:00 AM **DOCUMENT # P00000061128 Secretary of State** DCC, INC. OF WALTON CO. Principal Place of Business Mailing Address P.O. BOX 1649 6739 US HWY. 331 SOUTH DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435 CR2E034 (11/05) 01222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3654422 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COOK, DAVID 6739 US HWY. 331 SOUTH **DEFUNIAK SPRINGS, FL 32435** 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 SIGNATURE: Signature; typed or printed name of registered agent and title if applicable U00000606446 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П 01/30/07-80079-010 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COOK, DAVID NAME STREET ADDRESS P.O. BOX 1649 **DEFUNIAK SPRINGS, FL 32435** CITY-ST-ZIP TITLE NAME BEASLEY, MARY E STREET ADDRESS 1302 N. FIRST ST. CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of th changed, or on an attachment with

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS

CITY-ST-ZIP