

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90193 034 \*\*\*150.00

**DOCUMENT # P00000115406**

1. Entity Name  
**D.F. CONSULTANTS, INC.**



Principal Place of Business

9000 SHERIDA ST  
STE #136  
HOLLYWOOD, FL 33024

Mailing Address

1044 CASTELLO DR  
#106-ASHLEY  
NAPLES, FL 34103

**24068167**



2. Principal Place of Business

4700 SW 51<sup>st</sup> Street  
Ste # 216  
Davie FL

3. Mailing Address

1044 Castello Drive  
Naples FL

03262004

Chg-P

CR2E034 (10/03)

City & State

Davie FL

City & State

Naples FL

4. FEI Number

06-1604720

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STETLER, RONALD L ESQ  
8889 PELICAN BAY BLVD, STE 300  
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5551 Ridgewood Drive  
Ste 109  
Naples FL 34108

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

Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | ASHLEY, WAYNE C           |  |
| STREET ADDRESS | 1101 ROSEMARY CT, #A-104  |  |
| CITY-ST-ZIP    | NAPLES, FL 34103          |  |
| TITLE          | DP                        | <input checked="" type="checkbox"/> Delete |
| NAME           | DUFFEY, WILLIAM           |  |
| STREET ADDRESS | 9000 SHERIDAN STREET #136 |  |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33024  |  |
| TITLE          | TD                        | <input type="checkbox"/> Delete            |
| NAME           | REX, ASHLEY               |  |
| STREET ADDRESS | 1044 CASTELLO DR #106     |  |
| CITY-ST-ZIP    | NAPLES, FL 34103          |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | Ashley, N. Rex      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | Jenkins, Marrell F. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS | 14275 Laurel Trail  |  |
| CITY-ST-ZIP    | Wellington FL 33414 |  |
| TITLE          | Nale, Steve         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS | 14400 SW 30th Court |  |
| CITY-ST-ZIP    | Davie FL 33330      |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

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 the empowered.

SIGNATURE:

*Wayne C Ashley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #