

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 008 ***150.00

DOCUMENT # P01000003485

1. Entity Name
D.C. & DEANNA HOLDINGS, INC.



Principal Place of Business
**6822 OLD POLK CITY ROAD
LAKELAND, FL 33809**

Mailing Address
**6822 OLD POLK CITY ROAD
LAKELAND, FL 33809**

44012034

2. Principal Place of Business

3521 Bell Shoals Rd

Suite, Apt. #, etc.

3. Mailing Address

3521 Bell Shoals Rd

Suite, Apt. #, etc.

01162004

Chg-P

CR2E034 (10/03)

City & State

VAIRICO, FL

Zip

33594

Country

USA

City & State

VAIRICO

Zip

FL

Country

USA

4. FEI Number

39-3690264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**LONG, D C
6822 OLD POLK CITY RD
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

Name

Shawn Long

Street Address (P.O. Box Number is Not Acceptable)

3521 Bell Shoals Rd

City

VAIRICO

FL

Zip Code

33594

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

1-16-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LONG, D.C.**
STREET ADDRESS **6822 OLD POLK CITY ROAD**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **STD** ☒ Delete
NAME **LONG, DEANNA**
STREET ADDRESS **6822 OLD POLK CITY ROAD**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **VPD** ☒ Delete
NAME **LONG, SHAWN**
STREET ADDRESS **36 CAME LOT RIDGE AV**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **VPD** ☐ Delete
NAME **LONG, SHANNON**
STREET ADDRESS **17008 HAWK CREST DR**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP, ST, D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #