2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# P01000038585

Entity Name: DNF INCORPORATED

Current Principal Place of Business:

3540 OSTREY COVE DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

3540 OSPREY COVE DRIVE
RIVERVIEW, FL 33569

Current Mailing Address:

3540 OSTREY COVE DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

3540 OSPREY COVE DRIVE
RIVERVIEW, FL 33569

FEI Number: 59-3714144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCATEE, CAROL
ACCOUNTING CONSULTANTS
5401 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: GREIF, DAVID A
Address: 3540 OSPREY COVE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VS ( ) Delete
Name: GRIEF, FRANCES A
Address: 3540 OSPREY COVE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: GREIF, DAVID A
Address: 3540 OSPRAY COVE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: GREIF, JENNIFER A
Address: 3540 OSPRAY COVE DR
City-St-Zip: RIVERVIEW, FL 33569

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:

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: DAVID A. GREIF, SR PT 07/06/2004

Electronic Signature of Signing Officer or Director — Date