2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038585

Address:

City-St-Zip:

3540 OSPRAY COVE DR

RIVERVIEW, FL 33569

FILED Apr 27, 2005 Secretary of State

Entity Name: DNF INCORPORATED Current Principal Place of Business: New Principal Place of Business: 3540 OSPREY COVE DRIVE RIVERVIEW, FL 33569 **Current Mailing Address: 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: Name and Address of New Registered Agent: MCATEE, CAROL FLETCHER MCDONALD, LLC ACCOUNTING CONSULTANTS 6934 US HIGHWAY 301 S 5401 CENTRAL AVENUE RIVERVIEW, FL 33569 ST. PETERSBURG, FL 33710 US 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: FLETCHER MCDONALD, LLC 04/27/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GREIF, DAVID A Name: Name: 3540 OSPREY COVE DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: ٧S Title: () Delete () Change () Addition Name: GRIEF, FRANCES A Name: 3540 OSPREY COVE DR Address: Address: RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition GREIF, DAVID A Name: Name: 3540 OSPRAY COVE DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: VD () Delete Title: () Change () Addition GREIF, JENNIFER A Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DAVID A. GREIF PT 04/27/2005