

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90318 012 ***150.00

DOCUMENT # P01000041962 1. Entity Name DTG PROCESSING CORPORATION			
Principal Place of Business 428 KNIGHTS RUN TAMPA FL 33602		Mailing Address 428 KNIGHTS RUN TAMPA FL 33602	
2. Principal Place of Business 6402 W. Linebaugh Ave Suite, Apt. #, etc. Suite C City & State Tampa, FL Zip 33625		3. Mailing Address 6402 W. Linebaugh Ave Suite, Apt. #, etc. Suite C City & State Tampa, FL Zip 33625	
4. FEI Number 59-3707987		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GOLSON, DAVID T 428 KNIGHTS RUN TAMPA FL 33602	
7. Name and Address of New Registered Agent Name GOLSON, DAVID T Street Address (P.O. Box Number is Not Acceptable) 6402 W. Linebaugh Ave City TAMPA FL 33625		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 DATE 4/20/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P GOLSON, DAVID T 428 KNIGHTS RUN TAMPA FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP President Golson, David T 6402 W. Linebaugh Ave Suite C Tampa, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP V GOLDON, ROSALIE B 428 KNIGHTS RUN TAMPA FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Vice President Golson, Rosalie B 6402 W. Linebaugh Ave Suite C Tampa, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower. changed, or on an attachment with an address with:		Florida Statutes. I further certify that the information as if made under oath, that I am an officer or director and that my name appears in Block 10 or Block 11 if	
SIGNATURE:		Date 4/20/04 Daytime Phone #	

54046380



MOORE CR2E034 (11/03)

Please note
Changes from
original form
Thanks