


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91050 022 ***150.00

DOCUMENT # P01000067494 1. Entity Name DCOSTE, INC.			
Principal Place of Business 136 PALM VIEW DRIVE NAPLES, FL 34110		Mailing Address 136 PALM VIEW DRIVE NAPLES, FL 34110	
2. Principal Place of Business 27530 Richviewct		3. Mailing Address 27530 Richviewct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34135		Zip 34135	
Country Lee		Country Lee	
4. FEI Number 65-1143562		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 COSTE, DANIELLE N 136 PALM VIEW DRIVE NAPLES, FL 34110		7. Name and Address of New Registered Agent Name <u>COSTE, Danielle N.</u> Street Address (P.O. Box Number is Not Acceptable) <u>27530 Richview Court</u> City <u>Bonita Springs</u> <u>FL</u> Zip Code <u>34135</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/23/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 COSTE, DANIELLE N 136 PALM VIEW DRIVE NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Danielle Coste 27530 Richview Ct. Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/23/04</u> Daytime Phone # <u>(239) 948-7224</u>	