

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90348 014 ***150.00

40049137



DOCUMENT # P01000102102 1. Entity Name DP PROPERTY HOLDINGS, INC.					
Principal Place of Business 212 EAST MAIN ST. LEESBURG, FL 34749				Mailing Address 212 EAST MAIN ST. LEESBURG, FL 34749	
2. Principal Place of Business <i>1217 AIRPORT RD.</i> Suite, Apt. #, etc. <i>419</i>		3. Mailing Address <i>1217 AIRPORT RD.</i> Suite, Apt. #, etc. <i>419</i>		04202005 Chg-P CR2E034 (10/03)	
City & State <i>DESTIN, FLORIDA</i>		City & State <i>DESTIN, FLORIDA</i>		4. FEI Number 80-0006174	
Zip <i>32541</i>		Country <i>OKALOSA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COVELL, SCOTT M 125 WEST ROMANA ST., STE. 800 PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 2005 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	D PHILLIPS, RUPERT E 1713 GIANT SYCAMORE LANE BAKER, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWS, H.C. 8811 GROW DR. PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SANDRA K 1713 GIANT SYCAMORE LANE BAKER, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWS, BRENDA M 8811 GROW DR. PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RUPERT E 1713 GIANT SYCAMORE LANE BAKER, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWS, H.C. 8811 GROW DR. PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SANDRA K 1713 GIANT SYCAMORE LANE BAKER, FL 32531	<input type="checkbox"/> Delete			
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: _____ <i>RUPERT E. PHILLIPS</i> 4/27/05 810 650-5201 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					