

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000102102

1. Entity Name
DP PROPERTY HOLDINGS, INC.



Principal Place of Business

1217 AIRPORT ROAD
SUITE 419
DESTIN, FL 32541

Mailing Address

1217 AIRPORT ROAD
SUITE 419
DESTIN, FL 32541

FILED
Apr 04, 2007 08:00 A
Secretary of State



02092007 No Chg-P CR2E034 (11/05)

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4. FEI Number
80-0006174

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAINE, ALAN S
1217 AIRPORT RD
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RUPERT E 1713 GIANT SYCAMORE LANE BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWS, H.C. 8811 GROW DR. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SANDRA K 1713 GIANT SYCAMORE LANE BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWS, BRENDA M 8811 GROW DR. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000688719
04/11/07-80006-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUPERT E. PHILLIPS 3/29/07 850-650-5201

Date

Daytime Phone #