

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000006477						
1. Entity Name D.P. LONG, INC.						
Principal Place of Business XXXXXXXXXXXX 1234 WATERSIDE LANE VENICE, FL 34285			Mailing Address XXXXXXXXXXXX 1234 WATERSIDE LANE VENICE, FL 34285			
2. Principal Place of Business 837 Country Club Cir Suite, Apt. #, etc.		3. Mailing Address 837 Country Club Cir Suite, Apt. #, etc.				
City & State Venice, Florida Zip 34293-2049 Country USA		City & State Venice, Florida Zip 34293-2049 Country USA		4. FEI Number 94-3414426		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable				
6. Name and Address of Current Registered Agent LONG, DAVID P 1234 WATERSIDE LANE VENICE, FL 34285			7. Name and Address of New Registered Agent Name David P. Long Street Address (P.O. Box Number is Not Acceptable) 837 Country Club Cir City Venice FL Zip Code 34293-2049			
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>David P. Long</u> <i>David P. Long</i> DATE <u>7-19-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Amended AR is \$61.25		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 PSRM	NAME LONG, DAVID P		<input checked="" type="checkbox"/> Delete	TITLE PSTD	NAME Long, David P.	
STREET ADDRESS 1234 WATERSIDE LANE	CITY-ST-ZIP VENICE, FL 34285		<input type="checkbox"/> Delete	STREET ADDRESS 837 Country Club Cir	CITY-ST-ZIP Venice, FL 34293-2049	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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: <u>David P. Long</u> <i>David P. Long</i> DATE <u>7-19-06</u> 941-493-4373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

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SECRET
TALLAHASSEE, FLORIDA



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