


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000009567	
-------------------------	---

1. Entity Name  
D.G.V.P., INC.

Principal Place of Business  
500 N. OLEANDER AVE.  
DAYTONA BEACH, FL 32118

Mailing Address  
500 N. OLEANDER AVE.  
DAYTONA BEACH, FL 32118



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2665691	Applied For Not Applicable
-----------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**

GEORGE, NICHOLAS A  
500 N. OLEANDER AVE.  
DAYTONA BEACH, FL 32118

**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, 2008 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	P DOLINER, CELESTE 500 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEORGE, NICHOLAS A 500 NORTH OLEANDER AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOLINER, JOEL 500 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/22/08-80013-013 150.00

**DO NOT WRITE  
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: Nicholas A. George  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/08 (386) 253-1697  
Date Daytime Phone