

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017590

Entity Name: DCFIV, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

18 N. E. 1ST AVENUE
OCALA, FL 34470

New Principal Place of Business:

1305 EAST FORT KING ST
OCALA, FL 34471

Current Mailing Address:

P. O. BOX 6315
OCALA, FL 34478

New Mailing Address:

FEI Number: 01-0642832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, DAVID
18 N.E. 1ST AVE.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

TROW, CHESTER J
18 N.E. 1ST AVE.
OCALA, FL 34470 US

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.

SIGNATURE: CHESTER J. TROW

02/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, DAVID
Address: P. O. BOX 6315
City-St-Zip: OCALA, FL 34478

Title: S () Delete
Name: CLARK, SHARON K
Address: PO BOX 6315
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CLARK, DAVID
Address: P. O. BOX 6315
City-St-Zip: OCALA, FL 34478

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. CLARK

PT

02/26/2007

Electronic Signature of Signing Officer or Director

Date