

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017590

Entity Name: DCFIV, INC.

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1305 EAST FORT KING ST  
OCALA, FL 34471

**New Principal Place of Business:**

1305 EAST FORT KING ST  
#100  
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:**

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

**Name and Address of New Registered Agent:**

CLARK, DAVID W  
1305 E. FORT KING STREET  
#100  
OCALA, FL 34471 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: DAVID CLARK

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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 CLARK

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date