

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080039

FILED
Apr 29, 2004
Secretary of State

Entity Name: D & S SLEEP AND MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

36474 EMERALD COAST PARKWAY
SUITE 4101
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36474 EMERALD COAST PARKWAY
SUITE 4101
DESTIN, FL 32541

New Mailing Address:

FEI Number: 52-2372797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, STARLENE S
36474 EMERALD COAST PARKWAY
SUITE 4101
DESTIN, FL 32541

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VORDTRIEDE, BILL
Address: 247 SEA WINDS DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: DUNN, STARLENE S
Address: 36474 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SETY (X) Change () Addition
Name: DUNN, JEFFREY A DR.
Address: 12 GRANDE AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PRES (X) Change () Addition
Name: DUNN, STARLENE S
Address: 12 GRANDE AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STARLENE S. DUNN

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date