

FILED
Jun 18, 2004 8:00 am
Secretary of State

5/10/

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-10-2004 90459 013 ***150.00

DOCUMENT # P02000094664
 1. Entity Name
DEALER ENHANCEMENT SERVICES, INC.



Principal Place of Business Mailing Address
 1371 SR 19 SOUTH 1371 SR 19 SOUTH
 PALATKA, FL 32177 PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 33-1027555 Not Applicable

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

6. Name and Address of Current Registered Agent
 FILLMAN, MARTIN C
 1371 SR 19 SOUTH
 PALATKA, FL 32177

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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	THOMPSON, JAVAN-DAN
STREET ADDRESS	1371 HIGHWAY 19 SOUTH
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	PTD
NAME	FILLMAN, MARTIN C
STREET ADDRESS	1371 HIGHWAY 19 SOUTH
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  *President* MARTIN C. FILLMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6/1/04 Daytime Phone #: 36.937.0706