2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90033 048 ***150.00

DOCUMENT # P02000102236

1. Entity Name
D.P. SELLERS, INC.

Principal Place of Business	Mailing Address
27319 LIME AVENUE YALAHA, FL 34797	27319 LIME AVENUE YALAHA, FL 34797

900015655

01152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8049 Sunset Drive	8049 Sunset Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Yalaha Florida	City & State: Yalaha Florida
Zip: 34797 Country: US	Zip: 34797 Country: US

4. FEI Number: 22-3883202 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SELLERS, PATRICE 27319 LIME AVENUE YALAHA, FL 34797	Name: Patrice Sellers Street Address (P.O. Box Number is Not Acceptable): 8049 Sunset Drive City: Yalaha FL Zip Code: 34797

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: Patrice Sellers — DATE: 1/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SELLERS, PATRICE 27319 LIME AVENUE YALAHA, FL 34797	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Patrice Sellers 8049 Sunset Drive Yalaha FL 34797	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Patrice Sellers — 1/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #