



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90010 017 \*\*\*158.75

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # P02000120458</b><br>1. Entity Name<br><b>DCC HOLDINGS, INC.</b>  |   |  |   |                                     |  |
| Principal Place of Business<br><b>14801 PALM BEACH BLVD.<br/>STE 100A<br/>FORT MYERS, FL 33905 US</b>  |   |  | Mailing Address<br><b>14801 PALM BEACH BLVD.<br/>STE 100A<br/>FORT MYERS, FL 33905 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>11300 Lindbergh Blvd.</b>   |   | 3. Mailing Address<br><b>11300 Lindbergh Blvd</b>                                |   | <br>05092008 Chg-P CR2E034 (12/06) |  |
| Suite, Apt. #, etc.<br><b>Ste. 103, PMB 128</b>  |   | Suite, Apt. #, etc.<br><b>Ste. 103, PMB 128</b>                                  |   |  |  |
| City & State<br><b>Ft Myers FL</b>   |   | City & State<br><b>Ft Myers FL</b>   |   |  |  |
| Zip<br><b>33913</b>  |   | Zip<br><b>33913</b>  |   |  |  |
| Country<br><b>Lee</b>  |   | Country<br><b>Lee</b>  |   | 4. FEI Number<br><b>30-0128191</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable                           |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANTANA, EDWIN G<br/>18416 MONET AVE.<br/>PORT CHARLOTTE, FL 33948</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P<br/>SANTANA, EDWIN G<br/>18416 MONET AVE.<br/>PORT CHARLOTTE, FL 33948</b> | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VP<br/>DAVOODI, MAHMOOD<br/>14541 FAIRFAX PLACE<br/>DAVIE, FL 33325</b>      | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> <i>Edwin G. Santana</i>  |   |  | <b>Edwin G. Santana</b>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date <b>5/12/08</b> <small>Daytime Phone #</small>  |  |  |