7/1!

## FILED Jul 29, 2004 8:00 am Secretary of State 07-19-2004 90002 025 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name D P SYSTEMS OF PALM BEACH, IN			
Principal Place of Business 15955 EDGEFIELD ROAD WEST PALM BEACH, FL 33414	Mailing Address 15955 EDGEFIELD ROAD WEST PALM BEACH, FL 33414		66430865
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07132004 Chg-P CR2E034 (10/03)
. City & State	City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip Country	Zip	Country	S. Certificate of Status Desired
6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
PEASE, DAVID H			(P.O. Box Number is Not Acceptable)
15955 EDGEFIELD ROAD WEST PALM BEACH, FL 33414		Street Address	(F.O. Dox Number is Not Acceptable)
i i			· · · · · · · · · · · · · · · · · · ·
		City	FL Zip Code
the obligations of registered agent.	r the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent a	and little of applicable. (NOTE:	Registered Agent signature require	ed when resistating) DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	Election Campaig     Trust Fund Contri		5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.
ITTLE P.D.  NAME PEASE, DAVID H  STREET ADDRESS 15955 EDGEFIELD ROAD	☐ Delete	TITLE HAME STREET ADDRESS	☐ Change ☐ Addition
GIY-SI-ZIP WEST PALM BEACH, FL 33414 TITLE NAME	☐ Delete	CITY-ST-ZIP TITLE NAME	Crange Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	·.
TITLE NAVAE STREET ADDRESS	Celete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZP	<u> </u>	CITY-ST-ZIP	
TITLE  RAME  STREET ADDRESS  CITY-ST-ZIP	[] Delate	TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE MANGE STREET ADDRESS	☐ Oekte	TITLE NAME STREET ADDRESS	☐ Crange ☐ Addition
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE HAME STREET ADDRESS	☐ Delote	TITLE NAME STREET ADDRESS	☐ Change ☐ Addillon
indicated on this report or supplemental report is of the corporation or the receiver or trustee emp	s true and accurate and that movered to execute this report a	ry signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under cath; that I am an officer or director 07. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:  SIGNATURE:	PRINTED NAME OF SIGNING OFFICER O		1. PEASE 7-14-04 56 1989414 Date Depart Proper

66430865

Attackment Dr. # P03000030306

## D P SYSTEMS OF PALM BEACH, INC. 15955 EDGEFIELD ROAD WEST PALM BEACH, FL 33414

July 15, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500

Tallahassee, FL 32302-1500

Re: D P Systems of Palm Beach, Inc.

To Whom It May Concern:

Please be advised that neither my accountant nor I received the original 2004 UBR form for filing by the May 1<sup>st</sup> deadline.

In that regard, I respectfully request that the \$400 penalty be waived and you accept the enclosed check for \$150.00 as payment of the filing fee for our 2004 UBR.

Thank you for your consideration.

Sincerely,

David Pease President