

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-18-2004 90033 049 ***150.00

DOCUMENT # P03000040499

1. Entity Name
DP GLOBAL FINANCIAL SERVICES, INC.



Principal Place of Business
1209 N OCEAN BLVD
SINGER ISLAND, FL 33404

Mailing Address
1209 N OCEAN BLVD
SINGER ISLAND, FL 33404

94031702



2. Principal Place of Business

3. Mailing Address

2655 N. Ocean Dr.

3000 N. Ocean Dr.

Suite, Apt., etc.

Suite, Apt., etc.

Suite 404

Suite 2 B

03012004 Chg:P CR2E034 (10/03)

City & State

City & State

Singer Island, FL

Singer Island, FL

4. FEI Number

Applied For

51-0458374

Not Applicable

Zip

Country

Zip

Country

33404

USA

33404

USA

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

PORTER, DONALD R
3000 N OCEAN DRIVE #2B
SINGER ISLAND, FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald R. Porter, Sr., President

3-1-04

561-845-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #