

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90047 044 ***158.75

DOCUMENT # P03000055326

1. Entity Name

D.C.C.T. INC.



Principal Place of Business

12811 KENWOOD LANE STE 205
FORT MYERS FL 33907

Mailing Address

12811 KENWOOD LANE STE 205
FORT MYERS FL 33907

2. Principal Place of Business

12811 Kenwood Ln Suite 205

Suite, Apt. #, etc.

Ft Myers, FL

City & State

33907 Lee

Zip

Country

3. Mailing Address

12811 Kenwood Ln Suite 205

Suite, Apt. #, etc.

Ft Myers, FL

City & State

33907 Lee

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

20-0027633

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, TIMOTHY M
12811 KENWOOD LANE STE 205
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jessica Price		
STREET ADDRESS	17380 Sterling Lake DR.		
CITY - ST - ZIP	Ft Myers, FL 33912		
TITLE	Agent/DIC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Tim Price		
STREET ADDRESS	17380 Sterling Lake DR.		
CITY - ST - ZIP	Ft Myers FL 33912		
TITLE	Payee Self	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	2525 SE 20th PL		
STREET ADDRESS	Campeador, FL 33904		
CITY - ST - ZIP			
TITLE	Tim Price	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	17380 Sterling Lake DR.		
STREET ADDRESS	Ft Myers, FL 33912		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

Date

239-418-0012

Daytime Phone #