2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: >

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # P03000055326 1. Entity Name 02-02-2005 90061 006 ***158.75 D.C.C.T. INC. Principal Place of Business Mailing Address 12811 KENWOOD LN SUITE 205. ... 12811 KENWOOD LN SUITE 205 FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 20-0027633 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, TIMOTHY M Street Address (P.O. Box Number is Not Acceptable) 12811 KENWOOD LANE STE 205 FORT MYERS FL 33907 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS THILE ☐ Delete TITLE Chairman Addition ☐ Change PRICE, JESSICA matthew Price 17380 Sterlinglake DR. NAME 17380 STERLING LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-7/P AGDC TITLE ☐ Detete TITLE ☐ Change Addition NAME PRICE, TIM NAME STREET ADDRESS 17380 STERLING LAKE DR. STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33912 CITY-ST-ZIP v 🖛 TITLE - Delete Change ☐ Addition NAME FAYE, SELF NAME STREET ADDRÉSS 2525 SE 20TH PL STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE C ☐ Delete TITLE Change ☐ Addition NAME. PRICE, JR., TIM NAME 17380 STERLING LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED