

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90058 006 \*\*\*158.75

**DOCUMENT #P03000055326**

1. Entity Name

D.C.C.T. INC.



Principal Place of Business

7600 ALICO RD.  
PMB #1  
FORT MYERS FL 33912

Mailing Address

7600 ALICO RD.  
PMB #1  
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

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

*change New Address  
same agent.*

Name *Timothy M. Price*

Street Address (P.O. Box Number is Not Acceptable)  
*6256 Alan Blvd*

City *Puntagorda* FL Zip Code *33982*

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS ☐ Delete  
NAME PRICE, JESSICA  
STREET ADDRESS 17380 STERLING LAKE DR  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE *PTS* ☒ Change ☐ Addition  
NAME *Price, Jessica*  
STREET ADDRESS *6256 alan Blvd*  
CITY-ST-ZIP *Puntagorda, FL 33982*

TITLE AGDC ☐ Delete  
NAME PRICE, TIM  
STREET ADDRESS 17380 STERLING LAKE DR.  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE *AGDC* ☒ Change ☐ Addition  
NAME *Price, Tim*  
STREET ADDRESS *6256 Alan Blvd*  
CITY-ST-ZIP *Puntagorda, FL 33982*

TITLE V ☒ Delete  
NAME FAYE, SELF  
STREET ADDRESS 2525 SE 20TH PL  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME PRICE, JR., TIM  
STREET ADDRESS 17380 STERLING LAKE DR.  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE *C* ☒ Change ☐ Addition  
NAME *Price JR, Tim*  
STREET ADDRESS *6256 Alan Blvd*  
CITY-ST-ZIP *Puntagorda, FL 33982*

TITLE CH2 ☒ Delete  
NAME PRICE, MATTHEW  
STREET ADDRESS 17380 STERLING LAKE DR  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Jessica Price President, Jessica Price 2/16/06 (239) 633-8574*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #