2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2004 8:00 am Secretary of State

DOCUMENT #:P03000062997 1. Entity Name DEGCO, INC.				07-09-2004 90005 007 ***150.00				
Principal Place of Business -5171 SW HAMMOCK CREEK DRPALM CITY, FL 34990		Mailing Address 5171 SW HAMMOCK CREEK DR PALM CITY, FL 34990			1 PRIS 1611 CRIN 2011 CRIN 25		#11/1001 マネズ	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numb	0833523		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MADDEN, JOHN W ESQ. 789 S FEDERAL HWY STE 310 STUART, FL 34994				Street Address (P.O. Box Number is Not Acceptable) 5171 Sw Hammack Creek M				
•			City ρ_{Δ}	()		FL 學紀	90	
	named entity submits this statement to	ne purpose of changing its	registered office or regis	tered agent, or bo	oth, in the State of Florid			
the obligati	ions of registered agent					, ,		
SIGNATURE	X fall	<u> </u>			/	06-04 DATE		
·	ghature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Conf		5.00 May Be dded to Fees	In accordance with corporation did not	n s. 607.193(2)(b), l t receive the prior n	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGOLIER, KEVIN 5171 SW HAMMOCK CREEK DF PALM CITY, FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE .	, , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS (,		STREET ADORESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE	······································	·	☐ Change	Addition	
NAME			NAME		•	_ , •		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		-			
IIILE	i = =	□ Delete	TITLE			☐ Change	Addition	
NAME			NAME				_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	1 1 	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME PROCEE ADDRESSE	. 1		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	· .		CITY-ST-ZIP					
	certify that the information supplied with	this filing-does not qualify for		Section 119.07(3)	(i), Florida Statutes. I fu	irther certify that the ir	nformation	
indicated of the cor	on this report or supplemental report is	strue and accurate and that	my signature shall have the required by Chapter 6	ne same legal effe 607, Florida Statut	of as if made under oat es; and that my name a	n; that I am an officer appears in Block 10 or	or director Block 11 if	
12. I hereby certify that the information supplied with this filling 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 material 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 amposited 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. After all other like empowered.								

Attachment

54060944

July 6th, 2004

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE:

DEGCO, Inc.

Doe#: P03000062997

Dear Sir or Madam:

Enclosed you will find a copy of my Annual Report form for DEGCO, Inc. I am the Sole owner of DEGCO, Inc. To my knowledge I have never received any forms from the state concerning my annual report. This may be due to the fact that you have the wrong address listed on the paperwork for the resident agent. I was unaware that I had missed this mailing as I never received the forms. I have no desire to avoid this fee, I simply did not receive the form to file. I would request in light of the fact that I never received my forms that you abate my penalty and accept my check in the amount of \$150.00 for the 2004 report. I thank you in advance for your cooperation.

Sincerely,

Kevin Degolier