


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90037 004 ***150.00

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| DOCUMENT # P03000107891 |  |
| 1. Entity Name D & P OF CHARLOTTE COUNTY, INC. | |

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| Principal Place of Business 4301 32ND ST W-B-20 BRADENTON, FL 34205 | Mailing Address 4301 32ND ST W-B-20 BRADENTON, FL 34205 |
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 30-0207678 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent MORTON, PETER 2401 ASHTON ROAD SARASOTA, FL 34231 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT WOLFF, DARLEEN M 110 PECKHAM STREET SW PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MORTON, PETER 19800 VETERANS BLVD #A-13 PORT CHARLOTTE, FL 33954 <i>4301 32ND ST. W. SUITE B-20 BRADENTON, FL 34205</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *DARLEEN WOLFF VP/T/D* *Darleen Wolff VP* *1/18/05* *(941)* *743-3336*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #