

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107891

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: D & P OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

6071 DEACON RD  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

6071 DEACON RD  
SARASOTA, FL 34238

**New Mailing Address:**

FEI Number: 30-0207678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORTON, PETER  
2401 ASHTON ROAD  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPT ( ) Delete  
Name: WOLFF, DARLEEN M  
Address: 110 PECKHAM STREET SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P ( ) Delete  
Name: MORTON, PETER  
Address: 6071 DEACON RD  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MORTON

PRES

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date