


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000151650 1. Entity Name DCSS INVESTMENTS, INC.	
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Principal Place of Business 1511 WILLIAMS RD PLANT CITY, FL 33565	Mailing Address 1511 WILLIAMS RD PLANT CITY, FL 33565
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03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3140038	Applied For Not Applicable
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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

CALI, LARRY D PRES/
1511 WILLIAMS RD.
PLANT CITY, FL 33565

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALI, LARRY D 13387 GAVIN RD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWINDLE, RAYMOND E 1230 MCINTOSH RD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAWDY, DAVID L 1511-WILLIAM RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALLINGS, GARY E 6005 IKE SMITH RD. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/05-80036-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05

Date

813-781-3482

Daytime Phone #