

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151650

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: DCSS INVESTMENTS, INC.

## Current Principal Place of Business:

1511 WILLIAMS RD  
PLANT CITY, FL 33565

## New Principal Place of Business:

## Current Mailing Address:

1511 WILLIAMS RD  
PLANT CITY, FL 33565

## New Mailing Address:

FEI Number: 75-3140038      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALI, LARRY D  
Address: 13387 GAVIN RD  
City-St-Zip: DOVER, FL 33527

Title: V ( ) Delete  
Name: SWINDLE, RAYMOND E  
Address: 1230 MCINTOSH RD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: S ( ) Delete  
Name: DRAWDY, DAVID L  
Address: 1511-WILLIAM RD  
City-St-Zip: PLANT CITY, FL 33565

Title: T ( ) Delete  
Name: STALLINGS, GARY E  
Address: 6005 IKE SMITH RD.  
City-St-Zip: PLANT CITY, FL 33565

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change ( ) Addition  
Name: STALLINGS, GARY E  
Address: 5903 IKE SMITH RD.  
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY E. STALLINGS

T

07/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date