

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156615

1. Entity Name  
DSW FINANCE CORPORATION



FILED

06 DEC 28 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1577 WELLS ROAD  
ORANGE PARK, FL 32073

Mailing Address  
1577 WELLS ROAD  
ORANGE PARK, FL 32073

2. Principal Place of Business  
324 Checkerberry Way  
Suite, Apt. #, etc.  
South

3. Mailing Address  
11250 St. Augustine Rd  
Suite, Apt. #, etc.  
#15-335

City & State  
Jacksonville, FL

City & State  
Jacksonville FL

Zip  
32259

Country  
USA

Zip  
32257

Country  
USA



REINSTATEMENT 2006  
11062006 REIN-P CR2E098 (11/05)

4. FEI Number  
58-2681673

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, J. HOWARD  
4209 BAYMEADOWS ROAD STE 4  
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name  
Sheffield, J. Howard  
Street Address (P.O. Box Number is Not Acceptable)  
601 Gazebo Park Pl N. # 101  
City  
Jacksonville, FL Zip Code  
32257

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 \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WARE, DONALD S JR 1577 WELLS ROAD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Ware, Donald S. Jr 324 Checkerberry Way S. Jacksonville, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500082812845 12/28/06--01009--025 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

12/26/06

Date

Daytime Phone #