


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90011 040 ***150.00

DOCUMENT # P04000024032

1. Entity Name
DC HOMES PLUS, INC.



Principal Place of Business Mailing Address
9741 208 ST **9741 208 ST**
O BRIEN, FL 32071 **O BRIEN, FL 32071**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1418 MONROE AVENUE **1418 MONROE AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LEHIGH ACRES FL **LEHIGH ACRES FL**
 Zip Country Zip Country
FL 33972 USA **33972 USA**



03152007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-0729635 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CAMPBELL, DONYELL
9741-208 ST
O BRIEN, FL 32071

7. Name and Address of New Registered Agent
 Name **DANYELL Z CAMPBELL**
 Street Address (P.O. Box Number is Not Acceptable)
1418 MONROE AVENUE
 City **LEHIGH ACRES FL** Zip Code **33972**

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]* **DANYELL CAMPBELL** **3/16/07**
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, ELLONIA 9744-208 ST O BRIEN, FL 32071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1418 MONROE AVENUE LEHIGH ACRES FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, ERICA M 8337 FAIRWAY ROAD SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition 8337 FAIRWAY ROAD SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, ERICA M 1851 NW 5TH TERRACE POMPANO, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition 8337 FAIRWAY ROAD SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, DANYOLL I 9741-208 ST O BRIEN, FL 32071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DANYELL Z CAMPBELL 1418 MONROE AVENUE LEHIGH ACRES FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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]* **DANYELL CAMPBELL** **3/16/07** **239 851 6056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #