


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000024032	
1. Entity Name DC HOMES PLUS, INC.	

Principal Place of Business 1418 MONROE AVE. LEHIGH ACRES, FL 33972	Mailing Address 1418 MONROE AVE. LEHIGH ACRES, FL 33972
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0729635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, DANYELL Z
 1418 MONROE AVE.
 LEHIGH ACRES, FL 33972

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000833804
 02/28/08-80027-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, ELLONIA 1418 MONROE AVE. LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, ERICA M 8337 FAIRWAY ROAD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, ERICA M 8337 FAIRWAY ROAD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, DANYELL Z 1418 MONROE AVE. LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: D Campbell - President 2-18-08 239-851-6056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #