

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90299 044 ***150.00

DOCUMENT # P04000048740

1. Entity Name
DSG MANAGEMENT, INC.



40060707



04052005 Chg-P CR2E034 (10/03)

Principal Place of Business
11898 OSPREY POINT CIR
WELLINGTON, FL 33467

Mailing Address
11898 OSPREY POINT CIR
WELLINGTON, FL 33467

2. Principal Place of Business
2215 NE 41ST AVE

3. Mailing Address
2215 NE 41ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOMESTEAD FL

City & State
HOMESTEAD FL

4. FEI Number
55 086 0577

Applied For
Not Applicable

Zip
33033

Country
USA

Zip
33033

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTHRIE, DANIEL R
11898 OSPREY POINT CIR
WELLINGTON, FL 33467

Name
Street Address (P.O. Box Number is Not Acceptable)
2215 NE 41ST STREET
City **HOMESTEAD** FL Zip Code **33033**

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  **Sarah Guthrie owners/President** **4-11-05**
Signature, type or print 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUTHRIE, DANIEL R
11898 OSPREY POINT CIR
WELLINGTON, FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2215 NE 41ST AVE
HOMESTEAD FL 33033 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUTHRIE, SARAH K
11898 OSPREY POINT CIR
WELLINGTON, FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2215 NE 41ST AVE
HOMESTEAD FL 33033 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:  **Sarah Guthrie owners/President** **4-11-05** **305-360-2184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #