

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000088625

**FILED**  
**Dec 19, 2011**  
**Secretary of State**

**Entity Name:** DCT LEISURE CORPORATION OF FLORIDA, INC.

**Current Principal Place of Business:**

7940 LAKE WILSON ROAD  
DAVENPORT, FL 33896 US

**New Principal Place of Business:**

1420 CELEBRATION BLVD.  
SUITE 200  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

7940 LAKE WILSON ROAD  
DAVENPORT, FL 33896 US

**New Mailing Address:**

1420 CELEBRATION BLVD.  
SUITE 200  
CELEBRATION, FL 34747 US

**FEI Number:** 72-1587692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANTON, NEIL  
7940 LAKE WILSON ROAD  
DAVENPORT, FL 33896 US

**Name and Address of New Registered Agent:**

STANTON, NEIL  
1420 CELEBRATION BLVD.  
SUITE 200  
CELEBRATION, FL 34747 US

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:

12/19/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STANTON, NEIL  
Address: 1420 CELEBRATION BLVD. SUITE 200  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP  
Name: MAAS, ROBERT F  
Address: 1420 CELEBRATION BLVD. SUITE 200  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby 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 all other like empowered.

SIGNATURE: NEIL STANTON

PD

12/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date