


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Feb 14, 2007 8:00 am
Secretary of State

01-25-2007 90053 012 ***150.00

DOCUMENT # P04000089893 1. Entity Name D.P.H. ENTERPRISES, INC.																																		
Principal Place of Business 6170 W. COUNTRY CLUB DRIVE HOMOSASSA, FL 34446	Mailing Address P.O. BOX 664 LECANTO, FL 34460																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent HOFFMANN, DENNIS P 6170 W. COUNTRY CLUB DRIVE HOMOSASSA, FL 34446		DO NOT WRITE IN THIS SPACE																																
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: <u><i>Dennis P. Hoffmann</i></u> PRESIDENT 1-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE</small>																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE</td> <td style="width: 85%;">PRES</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>HOFFMANN, DENNIS P</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>6170 W. COUNTRY CLUB DRIVE</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>HOMOSASSA, FL 34446</td> </tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> </table>			TITLE	PRES	NAME	HOFFMANN, DENNIS P	STREET ADDRESS	6170 W. COUNTRY CLUB DRIVE	CITY-ST-ZIP	HOMOSASSA, FL 34446	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		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: <u><i>Dennis P. Hoffmann</i></u> DENNIS P. HOFFMANN 2-12-07 352-212-0640 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																		