

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 032 ***150.00

DOCUMENT # P04000106294

1. Entity Name
D.P.T. OF FLORIDA INC.



Principal Place of Business
6761 GOLDEN GATE PARKWAY
NAPLES, FL 34105

Mailing Address
6761 GOLDEN GATE PARKWAY
NAPLES, FL 34105

Dept of Re

Property Tax Overly

40045869



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1426805
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, KATHRYN M
6761 GOLDEN GATE PARKWAY
NAPLES, FL 34105

**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 _____
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, KATHRYN M 6761 GOLDENGATE PKWY. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, DUANE 6761 GOLDENGATE PKWY NAPLES, FL 34105
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IN THIS SPACE**

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: *Duane Taylor* **3/7/08 239 289 6789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #