

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114163

Entity Name: DC ATHLETIC, INC.

FILED
Jan 29, 2005
Secretary of State

Current Principal Place of Business:

11233 NW 34TH AVENUE
GAINVESVILLE, FL 32606

New Principal Place of Business:

1703 NW 80TH BLVD.
GAINVESVILLE, FL 32606 US

Current Mailing Address:

11233 NW 34TH AVENUE
GAINVESVILLE, FL 32606

New Mailing Address:

P.O. BOX 358263
GAINVESVILLE, FL 32635 US

FEI Number: 80-0117419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CARD, DARRELL
12824 SW 1ST PLACE
NEWBERRY, FL 32669 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: DARRELL CARD

01/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARD, DARRELL
Address: 11233 NW 34TH AVENUE
City-St-Zip: GAINVESVILLE, FL 32606

Title: VD () Delete
Name: CARD, SUSAN
Address: 11233 NW 34TH AVENUE
City-St-Zip: GAINVESVILLE, FL 32606

Title: SD () Delete
Name: SUPPE, DENNIS
Address: 10215 SW 17TH PLACE
City-St-Zip: GAINVESVILLE, FL 32607

Title: T () Delete
Name: SUPPE, DEBBIE
Address: 10215 SW 17TH PLACE
City-St-Zip: GAINVESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARD, DARRELL
Address: 12824 SW 1ST PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: VD (X) Change () Addition
Name: CARD, SUSAN
Address: 12824 SW 1ST PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBBIE S. SUPPE

T

01/29/2005

Electronic Signature of Signing Officer or Director

Date