

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114163

Entity Name: DC ATHLETIC, INC.

FILED
Apr 11, 2009
Secretary of State

Current Principal Place of Business:

13200 W NEWBERRY RD.
F-30
NEWBERRY, FL 32669 US

New Principal Place of Business:

9320 NW 27TH PLACE
GAINESVILLE, FL 32606 US

Current Mailing Address:

10215 SW 17TH PLACE
GAINESVILLE, FL 32607 US

New Mailing Address:

10215 SW 17TH PLACE
GAINESVILLE, FL 32607

FEI Number: 80-0117419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARD, DARRELL
13200 W NEWBERRY RD.
F-30
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

CARD, DARRELL
9320 NW 27TH PLACE
GAINESVILLE, FL 32606 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

04/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARD, DARRELL
Address: 13200 W NEWBERRY RD., F-30
City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete
Name: CARD, SUSAN
Address: 13200 W NEWBERRY RD., F-30
City-St-Zip: NEWBERRY, FL 32669

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARD, DARRELL
Address: 9320 NW 27TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VD (X) Change () Addition
Name: CARD, SUSAN
Address: 9320 NW 27TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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 exemption stated 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 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

04/11/2009

Electronic Signature of Signing Officer or Director

Date