

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000034413

Entity Name: DCA SYSTEMS, INC.

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1540 CLEARGLADES DR  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

**Current Mailing Address:**

1540 CLEARGLADES DR  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 20-2363029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLES, A. DAVID  
1540 CLEARGLADES DR  
WESLEY CHAPEL, FL 33543 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: COLES, A. DAVID  
Address: 1540 CLEARGLADES DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VS  
Name: COLES, REMONA  
Address: 1540 CLEARGLADES DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP  
Name: COLES, LINDA L  
Address: TOWN MEWS-68 BREZA RD.  
City-St-Zip: ALLENTOWN, NJ 08501

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: A. DAVID COLES

PRES

03/29/2011

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

\_\_\_\_\_  
Date