

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041638

Entity Name: DFS INVESTMENT CORP.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

605 N JOHN RODES BLVD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

605 N JOHN RODES BLVD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 20-2919713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMAIDRIS, THOMAS F
605 N JOHN RODES BLVD
MELBOURNE, FL 32934 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: SMAIDRIS, THOMAS F
Address: 642 ROSSMOOR CIR
City-St-Zip: MELBOURNE, FL 32940

Title: PD () Delete
Name: SAUNDERS, R. BRENT
Address: 2 SPINNAKER POINT CT
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: DS () Delete
Name: WHITLOCK, STEPHEN D
Address: 164 DELAND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: DT () Delete
Name: HUDSON, GARY
Address: 615 CARIBBEAN RD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: GERHEARDT, EDWARD
Address: 765 HULL RD
City-St-Zip: MALABAR, FL 32950

Title: D () Delete
Name: HURLBUT, STACY S
Address: 445 PENGUIN DR
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: STACY S. HURLBUT

D

01/19/2006

Electronic Signature of Signing Officer or Director

Date