2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063090

1. Entity Name
D V TEC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
630 W BREVARD STREET	630 W BREVARD STREET
TALLAHASSEE, FL 32304	TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

05012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2766062	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MORGA Y
1704 HILLGATE CT
TALLAHASSEE, FL 32304

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	U00000944085 05/29/08-80085-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, MORGA Y
STREET ADDRESS	1704 HILLGATE CT
CITY-ST-ZIP	TALLAHASSEE, FL 32304

TITLE	
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CITY-ST-ZIP	

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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: _Morgan Y. Williams_   Morga Y. Williams   1, May 2008   222 0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #