

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000132766

1. Entity Name  
D.B.C. ENT., INC.



FILED

06 APR -4 PM 2:43

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1112 S MAGNOLIA DR APT R-5  
TALLAHASSEE, FL 32301

Mailing Address  
1112 S MAGNOLIA DR APT R-5  
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, BEN  
1112 S MAGNOLIA DR APT R-5  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME MALCOLM, NEVILLE S  
STREET ADDRESS 121 BELMONT RD  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete  
NAME MONCRIEFFE, DAVID  
STREET ADDRESS 121 BELMONT RD  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete  
NAME ADIGUN, RILWAN  
STREET ADDRESS 1112 S MAGNOLIA DR APT R-5  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete  
NAME JOSEPH, BEN  
STREET ADDRESS 1112 S MAGNOLIA DR APT R-5  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition  
NAME Flint, Antonio  
STREET ADDRESS 2340 NW 181 Terr  
CITY-ST-ZIP Miami, FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-06