

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000030323

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

**Entity Name:** DC SERVICES OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

96399 NASSAU LAKES CIRCLE  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15635  
FERNANDINA BEACH, FL 32035 US

**New Mailing Address:**

**FEI Number:** 65-1268592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRICKLAND, JOSEPH M  
96399 NASSAU LAKES CIRCLE  
FERNANDINA BCH, FL 32034 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: PDTS  
Name: STRICKLAND, JOSEPH M  
Address: 96399 NASSAU LAKES CIRCLE  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: VP  
Name: RINECK, MICHAEL D  
Address: 96075 CORAL REEF ROAD  
City-St-Zip: YULEE, FL 32097

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: JOSEPH STRICKLAND

PDTS

04/29/2011

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

\_\_\_\_\_  
Date