2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P07000127618

1. Entity Name DTFB ENTERPRISES, INC.					08 SEP 17 AM 7: 55				
Principal Place	of Business			1					
Principal Place of Business Mailing Address 3087 ISSER LANE 3087 ISSER LANE									
JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 U									
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2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09112008	Chg-P	CR2E034	` <u>,,.</u>	
City & State		City & State			4. FEI Number	4975	3>	1	lied For Applicable
Zip	Country	Zíp	Country		5. Certificate o	f Status Desired	\$8	3.75 Additi	
	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New I		<u></u>	
				Name					
FORD, BOWLUS, DUSS, MORGAN, KENNEY, SAFER 10110 SAN JOSE BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32257			-						
				City FL Zip Code					
8. The above the obligation	named entity submits this statement to one of registered	r the purpose of changing its req	gistered of	ice or registe	red agent, or both	, in the State of F	I . I_{-}		nd accept
SIGNATURE	M///	1	-			4		108	
	signstore, typed or printed name of redistered agent	Produtte if applicable. (NOTE: Re	egislered Agen	t signeture require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees				[
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND D	RECTORS	IN 11
TITLE	P	☐ Delete	TITLE] Change	☐ Addition
NAME	BROWN, FREDERICK J		NAME		50	00136	1491	75	
STREET ADDRESS CITY-ST-ZIP	3087 ISSER LANE JACKSONVILLE, FL 32257		STREET ADC CITY-ST-ZI		09719)D136 /080104	0019	**550.	00
TITLE	S, T	☐ Delete	TITLE					Change	Addition
NAME	BROWN, FREDERICK J		NAME						_
STREET ADDRESS	3087 ISSER LANE		STREET ADD						
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZI	<u>_</u>		 		7 Channe	C Nation
TITLE NAME		☐ Delete	TITLE NAME				L] Change	Addition
STREET ADDRESS			STREET ADD	RESS					
CITY-ST-ZIP			CITY-ST-ZI	P					
TITLE		Delete	TITLE				Ε	Change	Addition
NAME STREET ADDRESS			NAME Street add	RESS					
CITY-ST-ZIP			CITY-ST-ZI	1]
MLE		☐ Detete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADD	ì					
TITLE		Delete	TITLE	_] Change	Addition
NAME			NAME		$\bigcap_{x \in X} A_x$	1,,1		-	1
STREET ADDRESS CITY-ST-ZIP			STREET ADD		129	11811	X		
12 I hereby C	certify that the information supplied with	this filing does not qualify for the	he exempt	ons containe	d in Chapter 119	Florida Statutes	I further certify	that the infr	ormation
indicated of the cort	on this report or supplemental report is poration or the receiver of trustee emp	s true and accurate and that my mered to execute this report as	signature s	shall have the	same legal effect	as if made under	oath; that I am	an officer of	r director
changed,	or on an attachment with an auress	in all other ike empowered.		,	/	1/1/2	/		
SIGNAT	HDE:	FZ			4	1/7/20	D8 900	4.52	5.594
SIGNAL	SIGNATURE AND TYPED OR F	ROSED NAME OF BIGNING OFFICER OR	DIRECTOR			Date	Dayti	me Phone #	