

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134689

Entity Name: D.C.T.F., INC.

FILED
Jun 01, 2009
Secretary of State

Current Principal Place of Business:

4228 RICHMOND AVE.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

POBOX 1921
ELFERS, FL 34680

New Mailing Address:

4935 PANORAMA AVE
HOLIDAY, FL 34690

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTHY, DENNIS
4935 PANORAMA AVE.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

MCCARTHY, TRACEY
4935 PANORAMA AVE.
HOLIDAY, FL 34690 US

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: TRACEY GIOIELLI

06/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCARTHY, DENNIS
Address: 4935 PANORAMA AVE
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: MCCARTHY, CRAIG
Address: 4935 PANORAMA AVE
City-St-Zip: HOLIDAY, FL 34690

Title: D (X) Delete
Name: GIOIELLI, TRACEY A.
Address: 4935 PANORAMA AVE.
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIOIELLI, TRACEY
Address: 4935 PANORAMA AVE
City-St-Zip: HOLIDAY, FL 34690

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 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: TRACEY GIOIELLI

MGR

06/01/2009

Electronic Signature of Signing Officer or Director

Date