

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 08, 2009
Secretary of State**

DOCUMENT# P08000091071

Entity Name: DP UNLIMITED SERVICES, INC.

Current Principal Place of Business:

11066 SE 92ND CT
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

11066 SE 92ND CT
BELLEVIEW, FL 34420

New Mailing Address:

POST OFFICE BOX 248
CANDLER, FL 32111

FEI Number: 26-3531862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, DONNA A
11070 SE 92ND CT
BELLEVIEW, FL 34420 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLASTER, DONNA A
Address: 11066 SE 92ND CT
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: WILCOX, DONNA A
Address: 11070 SE 92ND CT
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: PLASTER, JOHN A
Address: 11066 SE 92ND CT
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: PLASTER, KENNETH W
Address: 11068 SE 92ND CT
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA A. PLASTER

D

02/08/2009

Electronic Signature of Signing Officer or Director

_____ Date