

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040983

Entity Name: D.P. FAMILY TRUST INC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5895 CARRIER DR.  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5895 CARRIER DR.  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 45-5119117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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: P, D  
Name: MARSHALL, DANIEL  
Address: 5895 CARRIER DR.  
City-St-Zip: ORLANDO, FL 32819 US

Title: D, T  
Name: SOTOLONGO, PETER  
Address: 5895 CARRIER DR.  
City-St-Zip: ORLANDO, FL 32819 US

Title: S  
Name: MARSHALL, DANIEL  
Address: 5895 CARRIER DR.  
City-St-Zip: ORLANDO, FL 32819 US

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: DANIEL MARSHALL

PRES

04/24/2012

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

\_\_\_\_\_  
Date