


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90188 048 \*\*\*150.00

<b>DOCUMENT # P93000017720</b>		
1. Entity Name D-C SALES, INC.		

Principal Place of Business 954 A COUNTRY CLUB BLVD CAPE CORAL, FL 33990 US	Mailing Address 954 A COUNTRY CLUB BLVD CAPE CORAL, FL 33990 US
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2. Principal Place of Business		3. Mailing Address P.O. Drawer 60205	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Myers, FL	
Zip	Country	Zip	Country
		33906	USA

**14004452**



03292005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0393636	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GOSNELL, JOHN 954 A COUNTRY CLUB BLVD CAPE CORAL, FL 33990	
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7. Name and Address of New Registered Agent	
Name Robert D. Royston, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 12670 New Brittany Blvd.	
Suite 101	
City Fort Myers	FL Zip Code 33907

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/29/2005

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOSNELL, JOHN 954 A COUNTRY CLUB BLVD CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T Thomas McKinney 1361 Biltmore Drive Fort Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3/29/05 Daytime Phone #