


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000077247
 1. Entity Name
 DCL ENTERPRISES, INC.



Principal Place of Business Mailing Address
 7611 PRAVER DR. EAST PO BOX 56523
 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32241

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-3203160 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAMB, CARL E
 7611 PRAVER DRIVE EAST
 JACKSONVILLE, FL 32217

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000203810
 01/29/05-80042-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	TP
NAME	LAMB, CARL E
STREET ADDRESS	7611 PRAVER DR E
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	VPS
NAME	LAMB, DORIS I
STREET ADDRESS	7611 PRVER DR E
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: Carl E. Lamb - CARL E. LAMB 1/27/05 904-731-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #