


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90105 003 ***150.00

DOCUMENT # P94000020903	
1. Entity Name D.P. PRODUCTS COMPANY	

Principal Place of Business 4001 CAPTAINS WAY JUPITER, FL 33477	Mailing Address 4001 CAPTAINS WAY JUPITER, FL 33477
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34001698

2. Principal Place of Business 333 Sunset Ave Suite, Apt. #, etc. Apt # 302	3. Mailing Address 333 Sunset Ave Suite, Apt. #, etc. Apt # 302
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City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Country USA
Zip 33480	Country USA



01212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0474457	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 PELTZ, DOREE HARR 4001 CAPTAINS WAY JUPITER, FL 33477	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 Sunset Ave, Apt 302 City Palm Beach FL Zip Code 33480	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 PELTZ, DOREE H 4001 CAPTAINS WAY JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 Sunset Ave, Apt 302 Palm Beach, FL 33480 <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: DOREE HARR PELTZ DOREE HARR PELTZ 1-27-04 561-655-2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #