2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P94000071006** 1. Entity Name DBNC, INC. Principal Place of Business Mailing Address 40 S PALAFOX PL STE 500 P.O. BOX 940 GULF BREEZE, FL 32562 32502, FL 32505 US 04092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3270077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANNEN, DAVID A DO NOT WRITE 40 S PALAFOX PL **STE 500** IN THIS SPACE PENSACOLA, FL 32502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstature) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000943451 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 05/29/08-80059-024 OFFICERS AND DIRECTORS 10. TITLE NAME BRANNEN, DAVID A STREET ADDRESS P O BOX 940 CITY-ST-ZIP GULF BREEZE, FL 32562 TITLE VΡ NAME COLLEY, MARSHALL O STREET ADORESS P O BOX 940 GULF BREEZE, FL 32562 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

TITLE NAME STREET ADDRESS CITY-ST-7IP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR