

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90023 034 \*\*\*150.00

**DOCUMENT # P95000004095**

1. Entity Name  
D.S.C. GROUP, INC.



Principal Place of Business  
6104 31ST ST E  
BRADENTON, FL 34203 US

Mailing Address  
6104 31ST ST E  
BRADENTON, FL 34203 US

40003417



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0561759

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BLALOCK, ROBERT  
802 11TH ST. WEST  
BRADENTON, FL 34205

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: P  
NAME: DAN CARUSO  
STREET ADDRESS: 4005 RIVERSIDE DRIVE, SLIP E42- P.O. BOX 9072  
CITY-ST-ZIP: PALMETTO, FL BRADENTON, FL 34206

TITLE: VP  
NAME: SAM CARUSO  
STREET ADDRESS: 11915 UPPER MANATEE RIVER ROAD  
CITY-ST-ZIP: BRADENTON, FL 34212

TITLE: ST  
NAME: POSANI, ANDREA  
STREET ADDRESS: 1010 MILL CREEK RD  
CITY-ST-ZIP: BRADENTON, FL 34202

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05  
Date

941-758-3626  
Daytime Phone #