


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May-03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000067022 1. Entity Name D & E SALES, INC.		
Principal Place of Business 2703 JAMES L. REDMAN PKWY. PLANT CITY, FL 33567		Mailing Address 2861 HAMMOCK DR PLANT CITY, FL 33566
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PAUL, DAVID ALLEN 2703 JAMES L. REDMAN PKWY. PLANT CITY, FL 33567		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		U000000154436 05/04/04-80167-010 150.00
TITLE	D	
NAME	PAUL, ERNEST E JR.	
STREET ADDRESS	2703 JAMES L. REDMAN PKWY.	
CITY - ST - ZIP	PLANT CITY, FL 33567	
TITLE	D	
NAME	PAUL, DAVID ALLEN	
STREET ADDRESS	2703 JAMES L. REDMAN PKWY.	
CITY - ST - ZIP	PLANT CITY, FL 33567	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Steve Barber</u> <u>Faye Barber</u> <u>4-29-04</u> <u>813/752-7270</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>Sec/ Area.</u>		



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3336297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**