

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000075574

1. Entity Name  
 DCO MANAGEMENT & MARKETING, INC.



Principal Place of Business  
 606 BALD EAGLE DRIVE  
 SUITE 500  
 MARCO ISLAND, FL 34145

Mailing Address  
 606 BALD EAGLE DRIVE  
 SUITE 500  
 MARCO ISLAND, FL 34145



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0632124** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R  
 606 BALD EAGLE DRIVE  
 SUITE 500  
 MARCO ISLAND, FL 34145

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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 renewing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D  
 NAME SCHLOTT, EVA M  
 STREET ADDRESS 300 L'AMBIANCE CR,#202  
 CITY-ST-ZIP NAPLES, FL

TITLE D  
 NAME SCHLOTT, ERICH O  
 STREET ADDRESS 300 L'AMBIANCE CR, #202  
 CITY-ST-ZIP NAPLES, FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

04/14/06-80005-002 150.00

**DO NOT WRITE IN THIS SPACE**

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, when all other like empowered.

SIGNATURE: ERICH O. SCHLOTT 02-02-2006 (230) 594-7247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #