



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P96000056739</b> 1. Entity Name <b>D &amp; P MANAGEMENT INVESTMENTS, INC.</b>					
Principal Place of Business <b>127 DOLPHIN PT RD NICEVILLE FL 32578</b>				Mailing Address <b>127 DOLPHIN PT RD NICEVILLE FL 32578</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		 MOORE      CR2E034 (11/03)	
4. FEI Number <b>65-0682008</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ORY, DON 127 DOLPHIN POINTE RD NICEVILLE FL 32578</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstalling) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORY, DON 127 DOLPHIN POINTE RD NICEVILLE FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORY, PATTIE 127 DOLPHIN POINTE RD NICEVILLE FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 the empowered					
SIGNATURE: <b>Don W. Dwyer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-10-04</b> Daytime Phone # <b>850 729 9293</b> <b>850 642 1519</b>		