

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000073482

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** DISABLED DEALER ENTERPRISES INC.

**Current Principal Place of Business:**

426 ISLAND CAY WY  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

**Current Mailing Address:**

426 ISLAND CAY WY  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

**FEI Number:** 59-3400019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, STELLA M VP  
426 ISLAND CAY WY  
APOLLO BEACH, FL 33572 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: O'RIORDAN, OLIVER J  
Address: 769 KINGSTON CT  
City-St-Zip: APOLLO BEACH, FL 33572

Title: ST  
Name: SMITH, ROBERT J  
Address: 426 ISLAND CAY WY  
City-St-Zip: APOLLO BEACH, FL 33572

Title: EPV  
Name: SMITH, STELLA  
Address: 426 ISLAND CAY WY  
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STELLA M SMITH

VP

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date