

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073482

**FILED**  
**Feb 10, 2012**  
**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:**

578 BIMINI BAY BLVD  
APOLLO BEACH, FL 33572 US

**Current Mailing Address:**

426 ISLAND CAY WY  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

578 BIMINI BAY BLVD  
APOLLO BEACH, FL 33572 US

**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:**

SMITH, STELLA M VP  
578 BIMINI BAY BLVD  
APOLLO BEACH, FL 33572 US

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:

02/10/2012

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: 578 BIMINI BAY BLVD  
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

02/10/2012

Electronic Signature of Signing Officer or Director

Date