2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachmen

Feb 07, 2008 08:00 Al Secretary of State **DOCUMENT # P96000102555** 1. Entity Name DFP ONE CORP. Principal Place of Business Mailing Address 526 THORPE RD P O BOX 590007 ORLANDO, FL 32824 ORLANDO, FL 32859-0007 No Chg-P CR2E034 (11/05) 02042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3420784 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VARGO, JAMES D 526 THORPE RD ORLANDO, FL 32824 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DANIELS, SHERRY B 6137 PAYNE STEWART DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 TITLE U000000818784 02/15/08-80056-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1417 NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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

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Sherry B Daniel

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