

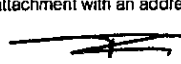


**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90117 007 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000034312</b>			
1. Entity Name DTG, INC.			
Principal Place of Business 10859 W. EMERALD COAST PKWY STE 103 DESTIN, FL 32541		Mailing Address 10859 W. EMERALD COAST PKWY STE 103 DESTIN, FL 32541	
			
			04302004    No Chg-P    CR2E034 (10/03)
			4. FEI Number 62-1730499
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			
REBER, TODD 229 CHASE RUN DESTIN, FL 32541			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBER, TODD 229 CHASE RUN DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEGLER, DAVID 135 LEE PLACE SANTA ROSA BEACH, FL 32459		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID PARSONS 10A ROCKBRIDGE RD DOTHAN, AL 36303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, JOHN 514 SEABREEZE CIRCLE PANAMA CITY, FL 32413		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 like empowered.			
SIGNATURE:  Todd Reber		4/29/04    8506509826	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	