

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000034312

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

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1730499

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REBER, TODD
229 CHASE RUN
DESTIN, FL 32541

**DO NOT WRITE
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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME REBER, TODD
STREET ADDRESS 229 CHASE RUN
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME BIEGLER, DAVID
STREET ADDRESS 135 LEE PLACE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE D
NAME DAVID PARSONS
STREET ADDRESS 10A ROCKBRIDGE RD
CITY-ST-ZIP DOTHAN, AL 36303

TITLE D
NAME JACOB, JOHN
STREET ADDRESS 514 SEABREEZE CIRCLE
CITY-ST-ZIP PANAMA CITY, FL 32413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000353634
05/03/05-80074-021 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Reber

4/28/05

Date

850 650 9820

Daytime Phone #