


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90026 022 \*\*\*150.00

**DOCUMENT # P97000054913**

1. Entity Name  
**DCC DESIGNS GROUP COMPANY**



Principal Place of Business: **DCC DESIGN GROUP CO. NAPLES FL 34109 US**

Mailing Address: **6628 WILLOW PARK DRIVE NAPLES FL 34109 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

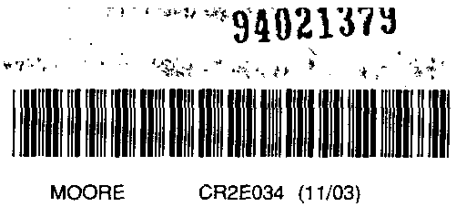
City & State

Zip Country

4. FEI Number **59-3453697**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**

**HEUERMAN, PAUL K**  
**6628 WILLOW PARK DRIVE**  
**NAPLES FL 34109**

**7. Name and Address of New Registered Agent**

Name: **Kathleen Scanlan**

Street Address (P.O. Box Number is Not Acceptable): **1245 Solana Road**

City: **Naples**

State: **FL** Zip Code: **34103**

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: *Kathleen Scanlan*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, STEPHEN L	
STREET ADDRESS	6628 WILLOW PARK DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCANLAN, KATHLEEN	
STREET ADDRESS	6628 WILLOW PARK DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAUFFMAN, HILARY	
STREET ADDRESS	6628 WILLOW PARK DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

Date: **2-23-04** Daytime Phone #: **(239) 542-7222**