


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90394 014 \*\*\*150.00

<b>DOCUMENT # P97000102381</b> 1. Entity Name DBSB 2, INC.					
Principal Place of Business 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3481117	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEMETREE, J C JR 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DEMETREE, J.C. JR. 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD J.C. Demetree, Jr. 3740 Beach Blvd., Suite 300 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DEMETREE, MARK C. 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Mark C. Demetree 3740 Beach Blvd., Suite 300 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DEMETREE, CHRISTOPHER C. 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Christopher C. Demetree 3740 Beach Blvd., Suite 300 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DUNN, M. HARRIS 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DUNN, M. HARRIS 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEMETREE, JACK C. 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Jack C. Demetree 3740 Beach Blvd., Suite 300 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DUNN, M. HARRIS 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DUNN, M. HARRIS 3740 BEACH BLVD., STE 300 JACKSONVILLE, FL 32207	
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 an other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

50038787

