2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Lawre Robert DEVIN

NAME	DOCUMENT # P97000106414 1. Entity Name D.S.C.S. INC,									Jan 29, 2005 08:00 AM Secretary of State					
P.O. BOX - 1023 JACKSON : I.E.F. I. 32222 2. Pri pri priace of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ROBERTS, DENNY 4615 TARA WOODS DRIVE EAST JACKSONVILLE FL 32210 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS MAKE ROBERTS, DENNY 4615 TARA WOODS DRIVE EAST JACKSONVILLE FL 32210 STIRET AD0825S OTT - STAPE JACKSONVILLE FL 32210 Date NAME ROBERTS, DENNY 4615 TARA WOODS DRIVE EAST JACKSONVILLE FL 32210 Date NAME ROBERTS, DENNY Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) PATE FILE NOW!!! FEE IS \$150.00 Address of Pricers And Directors NAME JOURNAL ADDITIONS/CHANGES TO OFFICE/RS AND DIRECTORS IN IT MILE PROBERTS, DENNY Address (P.O. Box Number is Not Acceptable) PATE STREET AD0825S OTT - STAPE JACKSONVILLE FL 32210 Date NAME ROBERTS, VICKI STREET AD0825S OTT - STAPE JACKSONVILLE FL 32210 Date OTT - STAPE J							OF RE		ı						
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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 informatic 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 direct 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 1 changed, or on an attaching in with an address, with all other like empowered.	12. I hereby of indicated of the colors of t	certify that the	e information supplied with t or supplemental report to receiver or trustee empore	this filing true and wered to	does not qualify for accurate and that m accurate this report	the exe ny signa as requi	mption state ture shall hav ired by Chap	d in Serve the sorter 607	ction 119.07(3) same legal effe , Florida Statut	(i), Florida Statute ot as if made unde es, and that my na	s. I further o r oath, that me appear	ertify that I am an c s in Block	the inf	ormation or director Block 11	

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