

ANNUAL REPORT

DOCUMENT # P98000001666

1. Entity Name
D.S.P. CORPORATION

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90008 002 ***150.00

J4061099



Principal Place of Business Mailing Address
 3610 W. SHAMROCK ST. 3610 W. SHAMROCK ST.
 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3488502

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

PEARCE, DARLENE S
 3610 W. SHAMROCK ST.
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
 Due by September 8, 2004

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
 corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME PEARCE, DARLENE S
 STREET ADDRESS 3610 W. SHAMROCK ST.
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Darlene S. Pearce* 7.6.04 Darlene S. Pearce