

ANNUAL REPORT

DOCUMENT # P98000001666

1. Entity Name
D.S.P. CORPORATION

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3488502Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PEARCE, DARLENE S
3610 W. SHAMROCK ST.
TALLAHASSEE, FL 32308**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 \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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:

Darlene S. Pearce 1/27/05 owner/officer