

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000005740 1. Entity Name THE DOLPHIN GROUP, INC.	
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Principal Place of Business 24 DOLPHIN DRIVE TREASURE ISLAND, FL 33706	Mailing Address 24 DOLPHIN DRIVE TREASURE ISLAND, FL 33706
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02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3487921	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WELLS, JOSEPH D 24 DOLPHIN DRIVE TREASURE ISLAND, FL 33706	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000074890 03/03/04-80038-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, JOSEPH D 24 DOLPHIN DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELLS, AUDREY G 24 DOLPHIN DRIVE TREASURE ISLAND, FL 33706
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**DO NOT WRITE
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: Joseph D. Wells Joe Wells 3/1/04 727-367-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #