

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000025116	
1. Entity Name DSC SALES OF S.C., INC.	

Principal Place of Business 1115 FOREST LAKES BLVD. OLDSMAR FL 34677-0038	Mailing Address PO BOX 2123 OLDSMAR FL 34677-2123
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)	
4. FEI Number 59-3494376	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIPSEY, LESLIE R 4965 TURTLE CREEK TRAIL OLDSMAR FL 34677	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

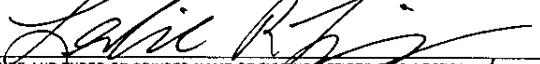
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	D LIPSEY, LESLIE L
STREET ADDRESS	1127 ROYAL TROOM CT
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	☐ Delete
NAME	PD LIPSEY, LESLIE R
STREET ADDRESS	4965 TURTLE CREEK TRAIL
CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	☐ Delete
NAME	VD SHATTUCK, GREGORY L
STREET ADDRESS	1621 GULF BLVD UNIT 1106
CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	☐ Delete
NAME	STD WANZIE, LAUREN
STREET ADDRESS	10241 INDIAN MOUND DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Section 119, 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 duly empowered.	
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SIGNATURE: 	4-4-08	813-854-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #