

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025116

Entity Name: DSC SALES OF S.C., INC.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

1115 FOREST LAKES BLVD.
OLDSMAR, FL 346770038

New Principal Place of Business:

455 COMMERCE BLVD.
OLDSMAR, FL 346770038

Current Mailing Address:

PO BOX 2123
OLDSMAR, FL 346772123

New Mailing Address:

FEI Number: 59-3494376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSEY, LESLIE R
4965 TURTLE CREEK TRAIL
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIPSEY, LESLIE L
Address: 1127 ROYAL TROOM CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD () Delete
Name: LIPSEY, LESLIE R
Address: 4965 TURTLE CREEK TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete
Name: SHATTUCK, GREGORY L
Address: 1621 GULF BLVD UNIT 1106
City-St-Zip: CLEARWATER, FL 33767

Title: STD () Delete
Name: WANZIE, LAUREN
Address: 10241 INDIAN MOUND DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LIPSEY, LESLIE L
Address: 1127 ROYAL TROON CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LIPSEY, DANA Z
Address: 1127 ROYAL TROON COURT
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN WANZIE

STD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date