


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90011 004 \*\*\*150.00

<b>DOCUMENT # P98000050540</b> 1. Entity Name D.E.P. ASSOCIATES, INC.			
Principal Place of Business 14025 FAIRWAY ISLAND DR., #335 ORLANDO, FL 32837		Mailing Address 14025 FAIRWAY ISLAND DR., #335 ORLANDO, FL 32837	
2. Principal Place of Business 1759 SAINT TROPEZ CT Suite, Apt. #, etc.		3. Mailing Address 1759 SAINT TROPEZ CT Suite, Apt. #, etc.	
City & State KISSIMMEE, FL Zip 34744 Country		City & State KISSIMMEE, FL Zip 34744 Country	
4. FEI Number 59-3513665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  WILLIAMS, S. PHILIP 14025 FAIRWAY ISLAND DR #335 ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name WILLIAMS, PHILIP S. Street Address (P.O. Box Number is Not Acceptable) 1759 SAINT TROPEZ CT. City KISSIMMEE FL Zip Code 34744	
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 <u>Philip S. Williams</u> PHILIP S. WILLIAMS 2/14/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DEBRA A 14025 FAIRWAY ISLAND DR., #335 ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP WILLIAMS, DEBRA A 1759 SAINT TROPEZ CT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <u>Debra A. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		(973) 568-2748 <small>Date Daytime Phone #</small>	