2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Apr 24, 2008 08:00			
1. Entity Na	JMENT # P980001018 DCK, INC.	26			S	ecreta	ry of Sta	
Principal Pla	ace of Business	Mailing Address]				
3604 PALM BEACH BLVD 3604 PALM BEACH B FORT MYERS, FL 33916 US FORT MYERS, FL 33			US			O NEW BOLD SERVE	IN 11818 BITING II 18 BL	
			Say Francisco					
				02052008	No Chg-P	CR2E034 (1/05)	
	OO NOT WRITE	IN THIS SPA	ACE.	4, FEI Numbe			Applied For	
		The transfer of the state of th		65-0878	of Status Desired	\$8.	Not Applicable 5 Additional	
1. N. S. S.	6. Name and Address of Current Reg	listered Agent		5. Certificate	oi sialos Desired		Required	
		Jacorea Agent	+					
	A, CHERYL A .M BEACH BLVD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO	NOT W	RITE.	Transfer a		
FORT MY	ÆRS, FL 33916			i N'T	HIS SP	ACE		
8. The above	e named entity submits this statement for the	purpose of changing its registi	ered office or registers	ed agent, or both	n, in the State of Flor	ida. I am familia	r with, and accept	
the obliga	ations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and tit	le if applicable. (NOTÉ: Registe	ired Agent signature required	when reinstating)	_	DATE		
FILE NOWI! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees				
10.	OFFICERS AND DIRE	CTORS	POST MANAGE PA	والمراجع والمراجع المراجع		医海豚 解病 经产品	optopoli e	
TITLE NAME	PVST , SVOBODA, CHERYL A							
STREET ADDRESS	3604 PALM BEACH BLVD					a A se de la compansión de la		
CITY+ST+ZIP TITLE	FORT MYERS, FL 33916				** UU00000 05/14/08-1	30002-011 30002-011	150.00	
NAME	SVOBODA, CHERYL A				in Tarania (j. 1947) Nasaranjari (j. 1948)	36		
STREET ADDRESS CITY+ST+ZIP	3604 PALM BEACH BLVD FORT MYERS, FL 33916		Sec. 1 Sec. 1					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08

239-694-5100

Daytime Phone #