


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002928

1. Entity Name
DPM FINANCIAL SERVICES, INC.



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|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Principal Place of Business 1103 FLORIDA AVE SUITE 4 PALM HARBOR, FL 34683 | Mailing Address 1103 FLORIDA AVE SUITE 4 PALM HARBOR, FL 34683 |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

| | |
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| 4. FEI Number 59-3561370 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTZKA, DAN P
 2292 MACKENZIE COURT
 CLEARWATER, FL 33765**

DO NOT WRITE IN THIS SPACE

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 _____ (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

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MONTZKA, DAN P 2292 MACKENZIE COURT CLEARWATER, FL 33765 |
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 04/30/04-80039-004 150.00

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: *Dan Montzka* **4/27/04** **727-799-6060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #