

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000018550

1. Entity Name  
DI-CO, INC.



Principal Place of Business

PO BOX 568  
BALM, FL 33503

Mailing Address

PO BOX 568  
BALM, FL 33503



**DO NOT WRITE IN THIS SPACE**

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3558439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, BRIAN D  
14114 BALM BOYETTE RD  
RIVERVIEW, FL 33569

**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

Signature, typed or printed name of registered agent and title if applicable.

(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  
PTD  
JONES, BRIAN D  
PO BOX 334  
RUSKIN, FL 33570

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PIKE, MELVIN O  
1514 8TH ST. SW  
RUSKIN, FL 33570

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000012914  
01/26/04-80031-012 150.00

*Rel ck# 5769*  
*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)(f), 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

1-22-04  
Date

813-634-6144  
Daytime Phone #