


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90006 014 \*\*\*150.00

<b>DOCUMENT # P99000035990</b>		
1. Entity Name DI'S PUB, INC.		

Principal Place of Business 6636 RIDGE RD. PORT RICHEY, FL 34668	Mailing Address 6636 RIDGE RD. PORT RICHEY, FL 34668
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**50058387**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07152005 Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
PHILLIPS, DIANNA L 6651 PATTY COURT NEW PORT RICHEY, FL 34653	

7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	State <b>FL</b> Zip Code _____

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	PHILLIPS, GEORGE
STREET ADDRESS	6651 PATTY CT.
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653
TITLE	<del>DIANNA PHILLIPS VP</del> <input type="checkbox"/> Delete
NAME	<del>DIANNA PHILLIPS</del>
STREET ADDRESS	<del>9421 ST REGIS LN</del>
CITY-STATE-ZIP	<del>PORT RICHEY FL 34668</del>
TITLE	<del>SECRETARY</del> <input type="checkbox"/> Delete
NAME	<del>DIANNA PHILLIPS</del>
STREET ADDRESS	<del>9421 ST REGIS LN</del>
CITY-STATE-ZIP	<del>PORT RICHEY FL 34668</del>
TITLE	<del>TREASURER</del> <input type="checkbox"/> Delete
NAME	<del>DIANNA PHILLIPS</del>
STREET ADDRESS	<del>9421 ST REGIS LN</del>
CITY-STATE-ZIP	<del>PORT RICHEY FL 34668</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: DIANNA PHILLIPS **DIANNA PHILLIPS** 7-26-05 (727)842-8005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #