

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108443

FILED
Jan 28, 2004
Secretary of State

Entity Name: DOLPHIN SYSTEMS & SUPPLY, INC.

Current Principal Place of Business:

2800 NAVY BOULEVARD, SUITE 4
PENSACOLA, FL 32505

New Principal Place of Business:

450 VAN PELT LANE
PENSACOLA, FL 32505

Current Mailing Address:

2800 NAVY BOULEVARD, SUITE 4
PENSACOLA, FL 32505

New Mailing Address:

450 VAN PELT LANE
PENSACOLA, FL 32505

FEI Number: 59-3615863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRONI, CLYDE J
5 SABINE DRIVE
PENSACOLA, FL 32561 US

Name and Address of New Registered Agent:

PATRONI, CLYDE J
5 SABINE DRIVE
PENSACOLA BEACH, FL 32561 US

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.

SIGNATURE:

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATRONI, CLYDE J SR
Address: 5 SABINE DR
City-St-Zip: PENSACOLA, FL 32561

Title: P () Delete
Name: ALSTINE, TIMOTHY V
Address: 5704 NICKLOUS LN
City-St-Zip: MILTON, FL 32570

Title: P () Delete
Name: MOORE, DONALD
Address: P O BOX 10038
City-St-Zip: PENSACOLA, FL 32524

Title: P (X) Delete
Name: HORD, THOMAS
Address: 104 BAYON LN
City-St-Zip: KEMAH, TX 77565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATRONI, CLYDE J SR
Address: 5 SABINE DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: P (X) Change () Addition
Name: VAN ALSTINE, TIMOTHY
Address: 5704 NICKLAUS LN
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE J PATRONI

P

01/28/2004

Electronic Signature of Signing Officer or Director

Date