2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24818

RT FILED
Apr 29, 2005
Secretary of State

Entity Name: DVF ENTERPRISES, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	BEAL PKWY			
STE G FORT WA	ALTON BEACH	. FL 32547		
	lailing Addres		New Mailing Addre	2SS:
	-		J	
3113 HAR VAVARRE	E, FL 32566			
El Number	: 59-3116250	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C		.,	,
vaille all	i Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:
	OBIN PER AVE. E, FL 32566	US		
The above	e named entity:	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,
	e of Florida.			
	e of Florida.			
n the Stat	e of Florida. RE:	nic Signature of Registered Age	ent	Date
n the Stat SIGNATU	e of Florida. RE: Electror	nic Signature of Registered Age g Trust Fund Contribution().	ent	Date
n the Stat SIGNATU	e of Florida. RE: Electror	g Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU Election Ca	e of Florida. RE: Electror mpaign Financing S AND DIREC	g Trust Fund Contribution (). TORS: Delete DAVID,		
n the Stat BIGNATU Election Ca DFFICER Title: Name: Address:	e of Florida. RE: Electror mpaign Financing S AND DIREC DP () VAN FOSSEN, 3113 HARPER NAVARRE, FL	TORS: Delete DAVID, DR. Delete DR.	ADDITIONS/CHANGE Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
n the Stat BIGNATU Election Ca DFFICER Title: Jame: Address: City-St-Zip: Title: Jame: Address:	e of Florida. RE: Electror mpaign Financin S AND DIREC DP () VAN FOSSEN, 3113 HARPER NAVARRE, FL ST () LANTZ, ROBIN 3113 HARPER NAVARRE, FL	g Trust Fund Contribution (). TORS: Delete DAVID, DR. Delete DR. 32566 Delete REMY DR.	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition

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: ROBIN LANTZ ST 04/29/2005