

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V43476

1. Entity Name
DKE FINANCIAL SERVICES, INC.



Principal Place of Business
**101 WEST VENICE AVE
SUITE 10
VENICE, FL 34285**

Mailing Address
**101 WEST VENICE AVE
SUITE 10
VENICE, FL 34285**



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0341604** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTLEY, MICHAEL T
101 W VENICE AVE #10
VENICE, FL 34285**

**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

U00000126367
04/23/04-80031-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | HARTLEY, MICHAEL T |
| STREET ADDRESS | 520 VALENCIA RD. |
| CITY-ST-ZIP | VENICE, FL |
| TITLE | D |
| NAME | TRAMMELL, THOMAS B |
| STREET ADDRESS | 418 GULF STREET |
| CITY-ST-ZIP | VENICE, FL |
| TITLE | D |
| NAME | HARTLEY, GLADYS |
| STREET ADDRESS | 520 VALENCIA ROAD |
| CITY-ST-ZIP | VENICE, FL |
| TITLE | D |
| NAME | TRAMMELL, N JEAN |
| STREET ADDRESS | 418 GULF STREET |
| CITY-ST-ZIP | VENICE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04
Date

941-455-8220
Daytime Phone #