

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V43476

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: DKE FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

101 WEST VENICE AVE  
SUITE 10  
VENICE, FL 34285

## New Principal Place of Business:

101 WEST VENICE AVE  
SUITE 22  
VENICE, FL 34285

## Current Mailing Address:

101 WEST VENICE AVE  
SUITE 10  
VENICE, FL 34285

## New Mailing Address:

101 WEST VENICE AVE  
SUITE 22  
VENICE, FL 34285

FEI Number: 65-0341604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HARTLEY, MICHAEL T  
101 W VENICE AVE #22  
VENICE, FL 34285 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: MICHAEL T. HARTLEY

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HARTLEY, MICHAEL T  
Address: 147 TAMPA AVE E UNIT 901  
City-St-Zip: VENICE, FL

Title: D ( ) Delete  
Name: TRAMMELL, THOMAS B  
Address: 418 GULF STREET  
City-St-Zip: VENICE, FL

Title: D ( ) Delete  
Name: GETTE, MICKI R  
Address: 520 VALENCIA ROAD  
City-St-Zip: VENICE, FL

Title: D ( ) Delete  
Name: TRAMMELL, N JEAN  
Address: 418 GULF STREET  
City-St-Zip: VENICE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: MICKI R. GETTE

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date