

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000034378

Entity Name: DFHN8, INC.**Current Principal Place of Business:**5000 HWY 17
SUITE 23
FLEMING ISLAND, FL 32003**Current Mailing Address:**5000 HWY 17
SUITE 23
FLEMING ISLAND, FL 32003 US**FEI Number:** 45-5032163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOSS, DOUGLAS C
5000 HWY 17
SUITE 23
FLEMING ISLAND, FL 32003 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	FOSS, DOUGLAS C
Address	5000 HWY 17 SUITE 23
City-State-Zip:	FLEMING ISLAND FL 32003

Title	SEC
Name	FOSS, PATRICIA A
Address	5000 HWY 17 SUITE 23
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIR
Name	FOSS, DOUGLAS C
Address	5000 HWY 17 SUITE 23
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VP
Name	FOSS, PATRICIA A
Address	5000 HWY 17 SUITE 23
City-State-Zip:	FLEMING ISLAND FL 32003

Title	TR
Name	FOSS, DOUGLAS C
Address	5000 HWY 17 SUITE 23
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIR
Name	FOSS, PATRICIA A
Address	5000 HWY 17 SUITE 23
City-State-Zip:	FLEMING ISLAND FL 32003

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. FOSS

VP

02/28/2014

Electronic Signature of Signing Officer/Director Detail_____
Date