


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M65766 1. Entity Name D.A.B. CONSTRUCTORS, INC.	
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Principal Place of Business 62 HIGHWAY 40 WEST INGLES, FL 34449 US	Mailing Address POST OFFICE BOX 1589 INGLES, FL 34449 US
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**DO NOT WRITE IN THIS SPACE**



05072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0026542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, F. ALAN  
1004 DESOTO PARK DRIVE  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BACHSCHMIDT, DEBORA A. 62 W HWY 40 INGLIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BACHSCHMIDT, WILLIAM J 62 W. HWY 40 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000951519  
06/04/08-80039-004 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  352-447-5488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #