2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 08:00 AM Secretary of State **DOCUMENT # P98000091269** D & G RENOVATIONS, INC. Principal Place of Business Mailing Address 226 E. WINTER PARK STREET 226 E. WINTER PARK STREET ORLANDO, FL 32804 ORLANDO, FL 32804 01142004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3542174 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOUGLAS, RODNEY L DO NOT WRITE 226 E. WINTER PARK STREET ORLANDO, FL 32804 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS VSD TITLE DOUGLAS, RODNEY L NAME 17780 S.E. 237TH COURT STREET ADDRESS U00000052738 CITY-ST-ZIP UMATILLA, FL 32784 02/16/04-80104-006 150.00 TITLE PTD GRAVES, KENNETH L NAME STREET ADDRESS 431 N. SANS SOUCI AVENUE CITY-ST-ZIP **DELAND, FL 32720** NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

YPED OF PRINTED NAME OF SANING OFFICER OR DIRECTOR

15-04

Daylime Phone #

FILED