


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|--|--|--|---|--|---|--|
| DOCUMENT # F06000007868 1. Entity Name DO CONSTRUCTION SERVICES CO. | | | |  | | <div style="text-align: center;">FILED</div> <div style="text-align: center;">2007 APR 16 AM 10:30</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business 11833 GOLDEN HILL CINCINNATI, OH 45241 | | | | Mailing Address 121 SEMINOLE RIDGE LANE DAVENPORT, FL 33897 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| | | | | 4. FEI Number 20-3562808 | | | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent OVERBERG, RONALD D 121 SEMINOLE RIDGE LANE DAVENPORT, FL 33897 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP OVERBERG, RONALD D 121 SEMINOLE RIDGE LANE DAVENPORT, FL 33897 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President (P) Dennis Overberg 11833 Goldenhill Cincinnati OH 45241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500097962565 04/23/07--01018--011 <input type="checkbox"/> Change <input type="checkbox"/> Addition **70.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | B 4/18/07 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>Ronald D. Overberg</u> <u>4/10/07</u> <u>407-962-5125</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | |