

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 319689 1. Entity Name D. I. C. COMMERCIAL CONSTRUCTION CORP.					
Principal Place of Business 5260 SW 8 ST PLANTATION FL 33317 US			Mailing Address PO BOX 19388 PLANTATION FL 33318 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1212519	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SEAL, RUSSELL R. JR. 2591 SE MARSEILLE ST PT ST LUCIE FL 34952					
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SEAL, ROGER E.		NAME		
STREET ADDRESS	5260 SW 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 00000		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SEAL, RUSSELL R. JR.		NAME		
STREET ADDRESS	2591 SE MARSEILLE ST		STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL 34952		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SEAL, MARY		NAME		
STREET ADDRESS	2591 SE MARSEILLE ST		STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL 34952		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Roger E. Seal** **April 25, 2006** **954-316-7373**