

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90002 048 \*\*\*150.00

**DOCUMENT # 569318**

1. Entity Name  
DUBECK CONSTRUCTION, INC.



Principal Place of Business  
5533 WINDRIFT LANE  
BOCA RATON, FL 33433 US

Mailing Address  
12203 STRICKLAND RD  
RALEIGH, NC 27613 US



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1823808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

POLITIS, JOHN  
5533 WINDRIFT LANE  
BOCA RATON, FL 33433

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	POLITIS, JOHN
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL

*all mail to: 12203 STRICKLAND RD RALEIGH NC*

TITLE	VSD
NAME	POLITIS, JO
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL

TITLE	<del>VPD</del>
NAME	<del>POLITIS, JAMES</del>
STREET ADDRESS	<del>5533 WINDRIFT LANE</del>
CITY-ST-ZIP	<del>BOCA RATON, FL</del>

TITLE	VPD
NAME	POLITIS, AMANDA
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Jo Politis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/20/05*  
Date

*919-844-4500*  
Daytime Phone #