


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90025 042 ***150.00

DOCUMENT # 583527

1. Entity Name
DREGGORS CONSTRUCTION, INC.



Principal Place of Business Mailing Address
3430 N WOODLAND BLVD **3430 N WOODLAND BLVD**
DELAND FL 32720 **DELAND FL 32720**



2. Principal Place of Business - No P.O. Box #
3201 N. Woodland Blvd

3. Mailing Address
SAME

Suite, Apt. #, etc.
DeLand, FL 32720

Suite, Apt. #, etc.
3201 N. Woodland Blvd

City & State
DeLand

City & State
FL 32720

1st MOORE CR2E034 (10/07)

4. FEI Number **59-1845016** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DREGGORS, CHYREL
806 BAY TREE CIRCLE
DELAND FL 32724

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete DREGGORS, J. RICHARD 806 BAY TREE CIRCLE DELAND FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPDT	<input type="checkbox"/> Delete DREGGORS, CHYREL 806 BAY TREE CIRCLE DELAND FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS	<input type="checkbox"/> Delete BREES, SABRINA D 443 PRINCEWOOD DR DELAND FL 32724	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP5 - Brees, Sabrina 443 Princewood Dr. DeLand, FL 32724
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <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 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: Chyrel R. Dreggors **2-1-08** **(386) 736-3477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: 16 Page #