


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90046 045 \*\*\*158.75

**DOCUMENT # F04000004513**

1. Entity Name  
**DISASTER & STORM SERVICES, INC.**



Principal Place of Business      Mailing Address

**1951 SPRINGHILL AVE.  
MOBILE AL 36607**      **10866 NELSON ROAD  
GRAND BAY AL 36541**

2. Principal Place of Business      3. Mailing Address


**10866 Nelson Road**      Suite, Apt. #, etc.

City & State      City & State

**Grand Bay, AL**      **Grand Bay, AL**

Zip      Country      Zip      Country

**36541**      **USA**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**68-0554558**       Not Applicable

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

6. Name and Address of Current Registered Agent

**MULDROW, PATRICIA M  
10022 ASHLEY LANE  
SOUTHPORT FL 32409**

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, 2005 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**

TITLE	CP	<input type="checkbox"/> Delete
NAME	SLOKE, JOHN M	
STREET ADDRESS	1951 SPRINGHILL AVE.	
CITY-ST-ZIP	MOBILE AL 36607	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	DEAKLE, ART	
STREET ADDRESS	10866 NELSON ROAD	
CITY-ST-ZIP	GRAND BAY AL 36541	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	STRINGER, JODY	
STREET ADDRESS	8914 N 120TH E. AVE.	
CITY-ST-ZIP	OWASSO OK 74055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE: Jody Stringer, V.P.      Jody Stringer      3/29/05      251-379-7852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #