

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005124

FILED
Apr 08, 2009
Secretary of State

Entity Name: DI CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

110 EAST ALTO ROAD
KOKOMO, FL 46902

New Principal Place of Business:

Current Mailing Address:

110 EAST ALTO ROAD
KOKOMO, FL 46902

New Mailing Address:

PO BOX 3006
KOKOMO, IN 46904 US

FEI Number: 36-4560408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J.R. TURNER AND ASSOCIATES, LLC
11111-70 SAN JOSE BLVD.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: MILLER, TIM
Address: 484 TAMARACK LANE
City-St-Zip: NOBLESVILLE, IN 46060

Title: PD () Delete
Name: MILLER, TIM
Address: 484 TAMARACK LANE
City-St-Zip: NOBLESVILLE, IN 46060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: MILLER, TIM L
Address: 484 TAMARACK LANE
City-St-Zip: NOBLESVILLE, IN 46060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM L MILLER

CHRM

04/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date