

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # H93650

1. Entity Name
DCC CONSTRUCTORS, INC.



Principal Place of Business

**1025 S SEMORAN BLVD
STE 1077
WINTER PARK, FL 32792 US**

Mailing Address

**1025 S SEMORAN BLVD
STE 1077
WINTER PARK, FL 32792 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2624448

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWERY, NANCY A
1025 S. SEMORAN BLVD., STE 1077
WINTER PARK, FL 32792**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, JOHN A.
STREET ADDRESS	1025 S SEMORAN BLVD, STE 1077
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	S
NAME	LOWERY, NANCY A
STREET ADDRESS	1025 S SEMORAN BLVD, STE 1077
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	LUNDEEN, KENNETH C
STREET ADDRESS	1025 S SEMORAN BLVD, STE 1077
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/08-80005-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08

407-679-3344

Date

Daytime Phone #