

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J76584

1. Entity Name  
D.T. SERVICES, INC.



Principal Place of Business  
1932 DAHLIA RD  
JACKSONVILLE, FL 32254 US

Mailing Address  
P. O. BOX 6475  
JACKSONVILLE, FL 32236-3475

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90034 020 \*\*\*158.75

**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2822753

Applied For  
Not Applicable

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

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

TAYLOR, DANESE E.  
20319 CTY RD. 121  
HILLIARD, FL 32046

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, DANESE E 20319 CTY RD. 121 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, GUY W., JR. 7073 OAKRIDGE DR. GLEN ST. MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, DANESE E 20319 CTY RD. 121 HILLIARD, FL 32046
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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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

2/8/06

Date

904-281-0855

Daytime Phone #