

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L24969

1. Entity Name
D.F. & G. SERVICES, INC.



Principal Place of Business
**3519 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address
**3519 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043 US**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2973263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKENZIE, JAMES D
3519 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043**

**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 _____ (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**

**000000919335
05/13/08-80116-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	MCKENZIE, JAMES D.
STREET ADDRESS	8739 VERMANT RAOD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DP
NAME	MCKENZIE, GARY C.
STREET ADDRESS	1842 PARADISE MOORINGS BLVD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	DS
NAME	MCKENZIE, FRANCIS C.
STREET ADDRESS	8739 VERMANT ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

James D McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08 904-269-2601
Date Daytime Phone #