

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M67095 1. Entity Name D & M SERVICES, INC.					
Principal Place of Business 1520 NEPTUNE DR. STE D BOYNTON BCH FL 33426 US			Mailing Address 1520 NEPTUNE DR. STE D BOYNTON BCH FL 33426 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0023086	
Zip		Country		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COURCHESNE, YVES 1520-D NEPTUNE DRIVE BOYNTON BCH FL 33426			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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COURCHESNE, YVES		NAME	000000655551	
STREET ADDRESS	1520 NEPTUNE DR, STE D		STREET ADDRESS	03/13/07-80113-005 150.00	
CITY ST ZIP	BOYNTON BCH FL		CITY ST ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COURCHESNE, BARBARA		NAME		
STREET ADDRESS	1520 NEPTUNE DR., STE D		STREET ADDRESS		
CITY ST ZIP	BOYNTON BCH FL		CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____			3-207 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					