

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90033 027 ***150.00

DOCUMENT # M89593 1. Entity Name D & G CONSTRUCTION, INC.					
Principal Place of Business 12490 RIVERSIDE DR FT MYERS FL 33919 US				Mailing Address 12490 RIVERSIDE DR FT MYERS FL 33919 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FBI Number 65-0064183 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVIC, BOZIDAR 4409 S.E. 16TH PLACE UNIT 10 CAPE CORAL FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12490 RIVERSIDE DR. City FORT MYERS FL Zip Code 33919	
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 fee, if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVIC, BOZIDAR 4409 S.E. 16TH PL., #10 CAPE CORAL FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE ONLY 12490 RIVERSIDE DR. FORT MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEVIC, YANNICK B. 4409 S.E. 16TH PL., #10 CAPE CORAL FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE ONLY 12490 RIVERSIDE DR. FORT MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEVIC, RENEE M. 4409 S.E. 16TH PL., #10 CAPE CORAL FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE ONLY 12490 RIVERSIDE DR. FORT MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, EDDIE L. 1327 BROOKHILL DR FT MYERS FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08-239-482-2041

Date

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