

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006079

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Entity Name:** DESIGN-BUILD INSTITUTE OF AMERICA - FLORIDA REGION, INC.

**Current Principal Place of Business:**

1524 ANNA CATHERINE DR.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 781172  
ORLANDO, FL 32878

**New Mailing Address:**

**FEI Number:** 59-3734951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, KAREN  
1524 ANNA CATHERINE DRIVE  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLOCK, BONNY  
Address: 6557 HAZELTINE NATIONAL DRIVE SUITE 1  
City-St-Zip: ORLANDO, FL 32822

Title: VPD  
Name: PUPKIEWICZ, DAVE  
Address: 4265 ELDRIDGE LOOP  
City-St-Zip: ORANGE PARK, FL 32073

Title: TREA  
Name: DUFF, BRUCE  
Address: 2301 MAITLAND CENTER PARKWAY, SUITE 300  
City-St-Zip: MAITLAND, FL 32751

Title: SEC  
Name: MARTINEZ, LOUIS  
Address: 441 COASTAL BREEZE WAY  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONNY BLOCK

PRES

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date