

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90029 018 ***158.75

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1. Entity Name
DCR BUSINESS SOLUTIONS, INC.



Principal Place of Business
502 CR 640 EAST
MULBERRY, FL 33860

Mailing Address
PO BOX 297
MULBERRY, FL 33860

50001933



2. Principal Place of Business - No P.O. Box #
2830 Parkway St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State
Lakeland, FL
Zip 33811 Country USA

City & State

4. FEI Number
59-3679289

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

JORDAN, RONALD E
502 COUNTY RD. 640 E.
MULBERRY, FL 33860

Name Ronald E. Jordan
Street Address (P.O. Box Number is Not Acceptable)
2830 Parkway St.
City Lakeland **FL** Zip Code 33811

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 Ronald E. Jordan Secretary President Ronald E. Jordan
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **ROSSMAN, DALE C**
CITY-ST-ZIP **6977 HAYTER DRIVE**
LAKELAND, FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **JORDAN, RONALD E**
CITY-ST-ZIP **1512 CROOKED STICK DR**
VALRICO, FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE: Ronald E. Jordan Ronald E. Jordan, President 863-904-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #