


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90250 022 ***150.00

DOCUMENT # P00000109849 1. Entity Name D.G.S. SERVICES INC.					
Principal Place of Business 3859 KIRK RD LAKE WORTH, FL 33461			Mailing Address 3859 KIRK RD LAKE WORTH, FL 33461		
2. Principal Place of Business 444 E.N.B. ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. BOX 321 <small>Suite, Apt. #, etc.</small>			
City & State GAS City IN Zip 46933		City & State GAS City IN Zip 46933		Country Grant	
4. FEI Number 65-1055377		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT, DARRELL L 3859 KIRK RD. LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name STEVEN H. MACHIELA Street Address (P.O. Box Number is Not Acceptable) 6801 LAKE WORTH Rd. Suite 124 City LAKE WORTH FL Zip Code 33467		
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 Steven H. Machiela (accountant) DATE April 25th, 04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, DARRELL L 3859 KIRK RD. LAKE WORTH, FL 33461 <i>address change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, Darrell L. 444 E.N.B. ST. GAS City IN 46933 <i>(address change)</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, STEPHANIE L 3859 KIRK RD. LAKE WORTH, FL 33461 <i>address change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, STEPHANIE L 444 E.N.B. ST. GAS City IN 46933 <i>(address change)</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Darrell L. Garrett 4/25/04 765-677-9280 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					