

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000112873

1. Entity Name
D & M CONSTRUCTION GROUP, INC.



Principal Place of Business
6013 WILLIAMSBURG WAY
TAMPA, FL 33625

Mailing Address
6013 WILLIAMSBURG WAY
TAMPA, FL 33625

2. Principal Place of Business - No P.O. Box #
4966 SW 45TH CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
4966 SW 45TH CIRCLE
Suite, Apt. #, etc.

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
59-3712327

Applied For
Not Applicable

Zip
34477

Country
USA

Zip
34477

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORINO, DONALD J
6013 WILLIAMSBURG WAY
TAMPA, FL 33625

7. Name and Address of New Registered Agent

Name JUAN M. SEGARRA ROVIRA
Street Address (P.O. Box Number is Not Acceptable)
4966 SW 45TH CIRCLE
City Ocala FL FL Zip Code 34477

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]* 8/23/2008
(NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FORINO, DONALD J	
STREET ADDRESS	6013 WILLIAMSBURG WAY	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN M. SEGARRA ROVIRA	
STREET ADDRESS	4966 SW 45TH CIRCLE	
CITY-ST-ZIP	OCALA, FL 34477	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD J FORINO	
STREET ADDRESS	6013 WILLIAMSBURG WAY	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08 813-758-2095
Date Daytime Phone #

FILED

08 SEP 10 PM 4:52

CLERK OF STATE
TALLAHASSEE, FLORIDA



07082008 Chg-P CR2E034 (12/06)

9/10/08