

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90038 026 ***150.00

DOCUMENT # P00000117282

1. Entity Name

DIVERSIFIED BUILDING CONCEPTS, INC.



Principal Place of Business

2075 SUNNYDALE BLVD UNIT D
CLEARWATER FL 33765

Mailing Address

2075 SUNNYDALE BLVD UNIT D
CLEARWATER FL 33765

40017223



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

12436 73RD CT

3. Mailing Address

12436 73RD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

59-3688355

Applied For

Not Applicable

Zip

33773

Country

Zip

33773

Country

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

GRAY, MARK
2075 SUNNYDALE BLVD
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

MARK GRAY PRESIDENT

Mark Gray

2-7-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GRAY, MARK
12506 CLYDESDALE CT.
TAMPA FL 33626-4401 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

Mark Gray

2-7-05

727 535 4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #