


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90055 025 ***150.00

DOCUMENT # P01000062127	
1. Entity Name DIVERSIFIED CAPITAL SERVICES, INC.	

Principal Place of Business PO BOX 27475 TAMPA FL 33623	Mailing Address PO BOX 27475 TAMPA FL 33623
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2. Principal Place of Business - No P.O. Box # 36181 East Lake Rd Suite, Apt. #, etc. #300	3. Mailing Address 36181 East Lake Rd Suite, Apt. #, etc. #300
City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34685	Country US

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3726811	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 WARMUND, NORMA 3942 CAPITOL DR PALM HARBOR FL 34685	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME WARMUND, NORMA STREET ADDRESS 3942 CAPITOL DR CITY - ST - ZIP PALM HARBOR FL 34685	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD <input type="checkbox"/> Delete	NAME ALTMAN, DAWN STREET ADDRESS 3942 CAPITOL DR CITY - ST - ZIP PALM HARBOR FL 34685	TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dawn A Altman **2/6/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #