

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 040 ***150.00

DOCUMENT # P01000097661

1. Entity Name
CIRCLE "D" SERVICES INC.



Principal Place of Business
**6150 S.E. 135TH ST.
SUMMERFIELD, FL 34491**

Mailing Address
**6150 S.E. 135TH ST.
SUMMERFIELD, FL 34491**

54068211



2. Principal Place of Business
4049 SE 136th St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 828
Suite, Apt. #, etc.

07192004 Chg-P CR2E034 (10/03)

City & State
Belleview, FL
Zip
34420
Country
USA

City & State
Summerfield, FL
Zip
34492
Country
USA

4. FEI Number
59-3741709

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DESJARDINS, GERARD
6150 S.E. 135TH ST.
SUMMERFIELD, FL 34491**

7. Name and Address of New Registered Agent

Name
Desjardins, Gerard
Street Address (P.O. Box Number is Not Acceptable)
4049 SE 136th St.
City
Belleview FL Zip Code
34420

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P-
DES JARDINS, GERARD
6150 SE 135TH STREET
SUMMERFIELD, FL 34491** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P Desjardins, Gerard
4049 SE 136th St.
Belleview, FL 34420** ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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: **X** *GR Desjardins* **GR Desjardins** 7/20/04 352-2166-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #