2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000019147

FILED Apr 06, 2005 8:00 am Secretary of State

04-06-2005 90127 031 ***150.00

	Entity Name DGC CONSUL	TANTS, INC.				04-0	6-2005 90127 0)31 ***	150.00	
Principal Place of Business PO BOX 1082 CAPE CANAVERAL, FL 32920			Mailing Address PO BOX 1082 CAPE CANAVERAL, FL 32920			50034320				
l	2. Principal Place of	Business	3. Mailing Address							
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State			01152005	Chg-P	CR2E	034 (10/03)
						4. FEI Number 03-0413498		Applied Fo		
ŀ	Zip	Country	Zip	Coun	try	1	of Status Desired		\$8.75 A	dditional
ŀ	6. 1	lame and Address of Current	Registered Agent	<u> </u>	I	7 Name and	Address of New Ro	erristerec	<u>.</u>	
Ì					Name			- ~		· -
I	CUNIGAN, DAVI			Street Address		(P.O. Box Numbe	er is Not Acceptable)		
ŀ	16220 SW 280TH HOMESTEAD, F									
					City			F	Zip Co	ode
	8. The above named the obligations of i	entity submits this statement for registered agent.	r the purpose of changing its	register	ed office or registe	red agent, or bol	th, in the State of Flo	rida. I ar	n familiar wit	h, and ac
۱	SIGNATURE Signature	, typed or printed name of registered agent a	and trie if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
	FILE NO	Will FEE IS \$150.00 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
ĺ	10.									
l		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AN	ID DIRECTO	RS IN 11
	mu PD	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/	CHANGES TO OFFI	CERS AN	ID DIRECTO Change	
	NAME STREET ADDRESS	avid Cunigan		TITILI Nam Stre	E EET ADDRESS	ADDITIONS/	CHANGES TO OFFI	CERS AN		
	STREET ADDRESS CITY-ST-ZIP	avid Cunigan Windsong Way	☐ Defete	TITILI Nam Stre City	E EET ADDRESS '-ST-ZIP	ADDITIONS/	CHANGES TO OFFI	CERS AN	Change	: □Ad
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	NAME STREET ADDRESS CITY-ST-ZIP 133 TITLE NAME STREET ADDRESS CITY-ST-ZIP	avid Cunigan Windsong Way sville, FL 32780	☐ Defete	TITLU NAM STRE CITY TITLU NAM STRE	E EE ADDRESSST-ZIP EE ADDRESSST-ZIP	ADDITIONS	CHANGES TO OFFI	CERS AN	Change	Ad
	NAME STREET ADDRESS CITY-ST-ZIP 1133 TITLE NAME THUS THE TADDRESS CITY-ST-ZIP NAME	avid Cunigan Windsong Way sville, FL 32780	□ Delete	TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM	E DE SET ADDRESSST-ZIP E SET ADDRESSST-ZIP E E E E E E E E E E E E E	ADDITIONS	CHANGES TO OFFI	CERS AN	☐ Change	: □Ad
	NAME STREET ADDRESS CITY-ST-ZIP 133 TITLE NAME STREET ADDRESS CITY-ST-ZIP	avid Cunigan Windsong Way sville, FL 32780	□ Delete	TITLU NAM STRE CITY TITLU NAM STRE CITY TITLU NAM STRE STRE	E E E E E T T T T T T T T T	ADDITIONS	CHANGES TO OFFI	CERS AN	☐ Change	: □Ad
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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 informati 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 direct of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed or on an attachment with an address, with all other like empowered.