

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90084 023 \*\*\*150.00

**DOCUMENT # P02000019997**  
 1. Entity Name  
 DIVERSIFIED CONSTRUCTION SERVICES OF  
 SOUTHWEST FLORIDA, INC.



Principal Place of Business  
 3876 BONITA BEACH RD #9  
 BONITA SPRINGS, FL 34134

Mailing Address  
 3876 BONITA BEACH RD #9  
 BONITA SPRINGS, FL 34134

**50005272**



2. Principal Place of Business  
 4450 Bonita Beach Rd.  
 Suite, Apt. #, etc. 6

3. Mailing Address  
 4450 Bonita Beach Rd.  
 Suite, Apt. #, etc. 6

01172005 Chg-P CR2E034 (10/03)

City & State  
 Bonita Springs, FL

City & State  
 Bonita Springs, FL

Zip Country  
 34134 USA

Zip Country  
 34134 USA

4. FEI Number  
 03-0396948

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 DAVIS, MICHAEL J  
 3876 BONITA BEACH RD #9  
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent  
 Name Michael J. Davis  
 Street Address (P.O. Box Number is Not Acceptable)  
 4450 Bonita Beach Rd.  
 Suite #6  
 City Bonita Springs FL Zip Code 34134

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 *Michael J. Davis* Michael J. Davis, president 1/17/05  
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**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL J	
STREET ADDRESS	4829 GARY RD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
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		<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
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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 exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *Michael J. Davis* Michael J. Davis 1/17/05 239-948-2667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #