

DRAFT

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000018317		
1. Entity Name D J CONTRACTING SERVICES, INC.		

Principal Place of Business 564 HARNEY HEIGHTS ROAD GENEVA, FL 32720		Mailing Address P O BOX 239 GENEVA, FL 32730
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COPPOLA, MELISSA A 564 HARNEY HEIGHTS ROAD GENEVA, FL 32720		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**800036274628
05/13/04--01074--007 **158.75**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____



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Document Number

P03000018317

Business Entity Name

D J CONTRACTING SERVICES, INC.

FEI Number **450501412**

FEI Number Status **Applied For** Not Applicable Current

Certificate of Status Desired **Yes** No

Principal Place of Business

Address **564 HARNEY HEIGHTS ROAD**

Suite, Apt. #, etc.

City, State **GENEVA, FL**

Zip Code & Country **32720**

Mailing Address

Address **P O BOX 239**

Suite, Apt. #, etc.

City, State **GENEVA, FL**

Zip Code & Country **32730**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **COPPOLA, MELISSA, A.**

-or- RA Business Name

Address **564 HARNEY HEIGHTS ROAD**

Suite, Apt. #, etc.

City, State **GENEVA, FL**

Zip Code & Country **32720**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature **Melissa A. Coppola**

Continue Reset



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Document Number

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Business Entity Name

D J CONTRACTING SERVICES, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

P

Name (Last, First, Middle, Title) **Coppola** , **Melissa** , **A** ,

-or- Entity Name

Street Address **564 Harney Heights Road**

City, State **Geneva** , **FL**

Zip Code & Country **32730** **US**

Title

VP

Name (Last, First, Middle, Title) **Coppola** , **Conald** , **J** ,

-or- Entity Name

Street Address **564 Harney Heights Road**

City, State **Geneva** , **FL**

Zip Code & Country **32730** **US**

Title

S

Name (Last, First, Middle, Title) **Coppola** , **Melissa** , **A** ,

-or- Entity Name

Street Address **564 Harney Heights Road**

City, State **Geneva** , **FL**

Zip Code & Country **32730** **US**

Title

T

Name (Last, First, Middle, Title) **Coppola** , **Donald** , **J** ,

-or- Entity Name

Street Address **564 Harney Heights Road**

City, State **Geneva** , **FL**

Zip Code & Country **32730** **US**

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature

Continue Reset

Start Over

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