2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 08:00 AM Secretary of State DOCUMENT # P03000048498 1. Entity Name D.P. CONSTRUCTION SERVICE OF FLORIDA INC. Principal Place of Business Mailing Address 3170 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064 3170 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 03-0516469 Not Applicable 7in Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PFEIFER, PAUL F Street Address (P.O. Box Number is Not Acceptable) 298 SE 6TH AVE POMPANO BEACH FL 33060 Zip Code 5. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition PFEIFER, PAUL F NAME MAME STREET ADDRESS STREET ADDRESS 298 SE 6TH AVE #12 POMPANO BEACH FL. 33060 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE DDE U00000221336 02/09/05-80030-011 158,75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗀 Delete THE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

GNING OFFICER OR DIRECTOR

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