

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90012 028 ***150.00

DOCUMENT # P03000083836

1. Entity Name

DAVE CO BUILDINGS



Principal Place of Business

18347 NW JAP AUSTIN RD
BLOUNTSTOWN FL 32424

Mailing Address

18347 NW JAP AUSTIN RD
BLOUNTSTOWN FL 32424

2. Principal Place of Business - No P.O. Box #

18167 NW Bob Guilford Rd

3. Mailing Address

18167 NW Bob Guilford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)



City & State

Blountstown FL

City & State

Blountstown FL

4. FEI Number

91-2199004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIESEMER, DAVE
18347 NW JAP AUSTIN RD
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name

Brandon Tyus

Street Address (P.O. Box Number is Not Acceptable)

15255 NW Griffin Lane

City

Altha

FL

Zip Code

32421

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

Brandon Tyus

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIESEMER, DAVE
STREET ADDRESS 18347 NW JAP AUSTIN RD
CITY-ST-ZIP BLOUNTSTOWN FL 32424 ☐ Delete

TITLE VD
NAME MARTIN, MICHAEL
STREET ADDRESS 14922 SW ALOE SPRINGS RD
CITY-ST-ZIP BLOUNTSTOWN FL 32424 ☐ Delete

TITLE SD
NAME ZIESEMER, SHANNON R
STREET ADDRESS 19347 NW JAP AUSTIN RD
CITY-ST-ZIP BLOUNTSTOWN FL 32424 ☐ 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 ☐ 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 exemptions contained in Section 119, 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

Daying Page #

4-14-08

8504470652