


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90006 024 ***150.00

DOCUMENT # P03000113104			
1. Entity Name DNS CONSTRUCTION, INC.			
Principal Place of Business 862 NW CORDELE AVE. PORT CHARLOTTE, FL 33948		Mailing Address 862 NW CORDELE AVE. PORT CHARLOTTE, FL 33948	
2. Principal Place of Business 2886 Alhaveren terr. Suite, Apt. #, etc.		3. Mailing Address 2886 Alhaveren terr. Suite, Apt. #, etc.	
City & State North-Port FL		City & State North-Port FL	
Zip 34286		Zip 34286	
Country Sarasota		Country Sarasota	
4. FEI Number 20-0374865		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUPRUN, DANIIL 862 NW CORDELE AVE. PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2886 Alhaveren terr. City North-Port FL Zip Code 34286	
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 <u>Daniil Suprun</u>		DATE <u>2/3/06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SUPRUN, DANIIL 862 NW CORDELE AVE. PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2886 Alhaveren terr. North-Port FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FETYUKOVA, TATYANA 862 NW CORDELE AVENUE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suprun Tatyana 2886 Alhaveren terr. North-Port FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Daniil Suprun</u>		Date <u>2/3/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>(941) 270-0867</u>	