

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000120602

1. Entity Name
DAY-PORT CONSTRUCTION SERVICES INC.



Principal Place of Business

**2625 S ATLANTIC AV
25-SW
DAYTONA BEACH SHORES, FL 32118 US**

Mailing Address

**2625 S ATLANTIC AV
25-SW
DAYTONA BEACH SHORES, FL 32118 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1607423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BIRO, MICHAEL V
2625 S ATLANTIC AV
25-SW
DAYTONA BEACH SHORES, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,TR BIRO, MICHAEL V 2625 S ATLANTIC AV. 25-SW DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S BIRO, JEAN-MICHEL E 2636 SUNSET DR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T BIRO, RICHARD W 1633 FRANCIS DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,VP BIRO, THOMAS P 401 WHITE ST DAYTONA BEACH SHORES, FL 32318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11/25/06-80050-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Date

Daytime Phone #

1-18/06 383-2777