

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90452 006 ***150.00

DOCUMENT # P03000134402					
1. Entity Name DGW CONSTRUCTION, INC.					
Principal Place of Business 418 SHADY LANE ORANGE CITY, FL 32763			Mailing Address 418 SHADY LANE ORANGE CITY, FL 32763		
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	
WATZNAUER, DONALD G 418 SHADY LANE ORANGE CITY, FL 32763				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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, 2004 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	PST	<input type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATZNAUER, DONALD G		NAME	Watznauer, Donald G. JR	
STREET ADDRESS	418 SHADY LANE		STREET ADDRESS	418 Shady Lane	
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP	Orange City, FL 32763	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Watznauer, Donald G. III	
STREET ADDRESS			STREET ADDRESS	3327 Quail Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Deltona, FL 32738	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Clay, Timothy W.	
STREET ADDRESS			STREET ADDRESS	412 N. Hill Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Deland, FL 32724	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 		4/20/04		3467751490	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	