

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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1. Entity Name

DOUGLAS CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business

**5840 AUDUBON MANOR BLVD.
LITHIA, FL 33547**

Mailing Address

**5840 AUDUBON MANOR BLVD.
LITHIA, FL 33547**



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3779539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERMANSEN, DOUGLAS E
5840 AUDUBON MANOR BLVD.
LITHIA, FL 33547**

**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]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000591755-
01/19/07-80035-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	HERMANSEN, DOUGLAS E
STREET ADDRESS	5840 AUDUBON MANOR BLVD.
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	DPST
NAME	HERMANSEN, LINDA
STREET ADDRESS	5840 AUDUBON MANOR BLVD.
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]