

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153258

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** D&M CONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

3108 DUDLEY DR  
DELTONA, FL 32738

**New Principal Place of Business:**

3100 DUDLEY DR.  
DELTONA, FL 32738

**Current Mailing Address:**

3108 DUDLEY DR  
DELTONA, FL 32738

**New Mailing Address:**

3100 DUDLEY DR.  
DELTONA, FL 32738

**FEI Number:** 04-3781541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WARYK, DAVID  
Address: 3108 DUDLEY DR  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: WARYK, DAVID  
Address: 3100 DUDLEY DR.  
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G WARYK

PRES

04/25/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date