2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE:

ss, with all other like excess

Feb 21, 2005 8:00 am DOCUMENT # P04000072624 **Secretary of State** 1. Entity Name 02-21-2005 90082 035 ***150.00 D & H SERVICES, INC. Principal Place of Business Mailing Address 3000 SE LAKE WEIR AVE 3000 SE LAKE WEIR AVE OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address 14135 SE 4135 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Sity & State Cky & State 4. FEI Number Applied For 02-0722410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5 USA 32195 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4 FLR **MIAMI FL 33145** City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete Change WILLIAM A DYE, WILLIAM A NAME NAME 14135 SE 155 TEST. STREET ADDRESS 3000 SE LAKE WEIR AVE STREET ADDRESS CITY-ST-ZIP **OCALA FL 34471** CITY-ST-ZIP DEIRSDALE, FL 32195 DVS HILE ☐ Delete TITLE Addition JUNTER, JAMES HUNTER, JAMES 14121 SE 155TH STREET ADDRESS 3000 SE LAKE WEIR AVE STREET ADDRESS CITY-SI-ZIP OCALA FL 34471 CITY-ST-ZIP EIRSDALE, FL-32195 TETLE ☐ Delete TITLE Addition NAME HUNTER, WILLIAM TODD NAME 121-5E 155TH STREET ADDRESS STREET ADDRESS 3000 SE LAKE WEIR AVE CITY-ST-ZIP **OCALA FL 34471** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 thusten empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED