2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107111

Entity Name: D. EAKIN SERVICES, INC.

11545 OLD OCEAN BLVD #D

BOYNTON BEACH, FL 33435

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
11545 OLD OCEAN BOULEVARD UNIT D BOYNTON BEACH, FL 33435			611 NE 3RD ST	611 NE 3RD STREET BOYNTON BEACH, FL 33435	
Current Mailing Address:			New Mailing Address:		
11545 OLD OCEAN BOULEVARD UNIT D BOYNTON BEACH, FL 33435		11545 OLD OCEAN BLVD SUITE D BOYNTON BEACH, FL 33435			
FEI Number	: 59-6536441	FEI Number Applied For ()	FEI Number Not Applicable	e() Certificate of Status Desired()	
Name and	d Address of	Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
DELRAY E	e of Florida.		purpose of changing its reç	gistered office or registered agent, or both,	
SICINATO		nic Signature of Registered A	 gent	 Date	
Election Car		ng Trust Fund Contribution ().	,		
OFFICERS AND DIRECTORS:			ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HINES, DENNI 11545 OLD O) Delete IS H CEAN BOULEVARD, UNIT D ACH, FL 33435	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (MONNIN MAR) Delete Y ANN	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY ANN MONNIN VP 04/14/2009