FILED
Jun 06, 2005 8:00 am
Secretary of State

05-18-2005 90030 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000160644

1. Entity Name
D.Q.S. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2926 RIO GRANDE TRAIL KISSIMMEE, FL 34741	2926 RIO GRANDE TRAIL KISSIMMEE, FL 34741

05022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5825 LAKE LIZZIE DR.	SAME
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: ST. CLOUD, FL.	City & State
Zip: 34771 Country	Zip Country

4. FEI Number: 201938854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUQUE, JESUS A 2926 RIO GRANDE TRAIL KISSIMMEE, FL 34741	Name: Street Address (P.O. Box Number is Not Acceptable): 5825 LAKE LIZZIE DR. City: ST. CLOUD FL Zip Code: 34771

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: X [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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS DUQUE, JESUS A 2926 RIO GRANDE TRAIL KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5825 LAKE LIZZIE DR. ST. CLOUD, FL 34771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DUQUE, MICHAEL 2926 RIO GRANDE TRAIL KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5825 LAKE LIZZIE DR. ST. CLOUD, FL. 34771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 5/2/05 –
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #