


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P05000009172 1. Entity Name DIVERSIFIED CONSTRUCTION SAFETY, INC. |  |
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| Principal Place of Business 5053 OCEAN BLVD STE 49 SARASOTA, FL 34242 | Mailing Address 46 NORTH WASHINGTON BLVD #1 SARASOTA, FL 34236 |
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04022008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-2216979 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD #1 SARASOTA, FL 34236 |
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**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, 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
After May 1, 2008 Fee will be \$550.00

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

1106000229730

04/22/08-80066-025 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SIMMONS, DAVID S 5053 OCEAN BOULEVARD SUITE 49 SIESTA KEY, FL 34242 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SIMMONS, CATHY J 5053 OCEAN BOULEVARD SUITE 49 SARASOTA, FL 34242 |
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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: David S. Simmons David S. Simmons 4/6/08 941-915-6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *