

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05000098525

1. Entity Name
DK CONSTRUCTION & REMODELING, INC.



Principal Place of Business
**920 NW 25TH AVENUE
GAINESVILLE, FL 32609**

Mailing Address
**920 NW 25TH AVENUE
GAINESVILLE, FL 32609**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3181351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KLINE, DONALD E
920 NW 25TH AVENUE
GAINESVILLE, FL 32609**

**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 _____ (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

U00000853204
03/25/08-80060-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLINE, DONALD E
STREET ADDRESS	920 NW 25TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32609

TITLE	VP
NAME	KLINE, LOVEITA L
STREET ADDRESS	920 NW 25TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: **Donald E. Kline VP** **3/7/08** **352-284-2249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #