

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90009 021 ***150.00

DOCUMENT # P05000106504

1. Entity Name

DIVERSIFIED CONTRACTING, INC.



Principal Place of Business
77 FOXHALL LN
PALM COAST FL 32137
US

Mailing Address
77 FOXHALL LN
PALM COAST FL 32137
US

2. Principal Place of Business - No P.O. Box #

P.O. Box 352887

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 352887

Suite, Apt. #, etc.

City & State
Palm Coast FL

Zip
32135

Country

FLA/GER

City & State
Palm Coast FL

Zip
32135

Country

FLA/GER

4. FEI Number
47-0958461

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

VIA, PAUL
77 FOXHALL LN
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Paul Via President

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
VIA, PAUL
77 FOXHALL LN
PALM COAST FL 32137 ☐ Delete

TITLE
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VIA, PAUL
77 FOXHALL LN
PALM COAST FL 32137 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paul Via PAUL VIA PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-08

Date

(386)

793-4016

Daytime Phone #