2008 FOR PROFIT CORPCRATION

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ANNUAL REPORT						oovotow	of Sta
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1. Entity Name							
DJP QUALITY CONSTRUCTION, INC.			(4)	萝			
			V65.115		•	•	
Principal Plac	ce of Business	Mailing Address					
	N ACRE LANE FL 33912 US	7050 GREEN ACRE LANE FT. MYERS, FL 33912 US					
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	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	er .		Applied For
				94-168			Not Applicable
' i'			er dage i f	5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional
	6. Name and Address of Current Re	gistered Agent	· ·		Plant Little V	1 00 1100	anca
				ing (1997) Samples (1992) Sept.		. !	,
PAPNER, DENNIS J 7050 GREEN ACRE LANE				DO	NOT W	RITE	
FT. MYERS, FL 33912			din cont	IN T	THIS SP	ACE	$\epsilon_{ij} = \epsilon_{ij} = \epsilon_{ij}$
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	e named entity submits this statement for thations of registered agent.	ne purpose of changing its register	ed office or reg	stered agent, or bo	th, in the State of Flo	ida. I am familiar v -	with, and accept
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				juired when reinstating)		DATE	
		9. Election Campaign Final	ncina	\$5.00 May Be	UOOOOU	1933788	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				Added to Fees	05/23/08-	-80006-005	150.00
10.	OFFICERS AND DI	RECTORS		P4		S 1 4 9	
TITLE	P		- 				
NAME	PAPNER, DENNIS J				The Objing		
STREET ADDRESS CITY - ST - ZIP	7050 GREEN ACRE LANE FT. MYERS, FL 33912				de las journes	्रोह्य राज	- 1
TITLE	VP		ور دیال	Jan Carlo Sand	eri ere ere ere ere ere ere ere ere ere		
NAME	PAPNER, FRANCINE R			ASSET DEVENOUS BUILDING	, and the control of the property	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			$\left\{ a_{i}^{n}\right\} _{j,n},\dots,n$, igentilia, som	i. T. ja tekning	2000
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CITY-ST-ZIP TITLE NAME				The control of the co			

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. In all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Venni / Calust

239-910-0013