2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000133834

1. Entity Name

DWYER GENERAL CONTRACTORS INC.

Principal Place of Business	Mailing Address
8002 LAGOS DE CAMPO BLVD., B105 TAMARAC FL 33321	8002 LAGOS DE CAMPO BLVD., B105 TAMARAC FL 33321

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Broward		8002 Lagos De Campo	
Suite, Apt. #, etc		Suite, Apt #, etc. BLVD	
City & State: Tamarac FL.		City & State: Tamarac Florida	
Zip: 33321	Country: Broward	Zip: 33321	Country: Broward

4. FEI Number 26-0126806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DWYER, ROBERT
8002 LAGOS DE CAMPO B105
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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 [signature] (No-changes)

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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DWYER, ROBERT		NAME	
STREET ADDRESS	8002 LAGOS DE CAMPO BLVD., B105		STREET ADDRESS	U00000816799
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	02/14/08-80066-003 155.00
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DWYER, KEVIN		NAME	
STREET ADDRESS	8002 LAGOS DE CAMPO BLVD., B105		STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] Robert Dwyer 1-29-08 954-817-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #