

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
03-19-2007 90058 044 \*\*\*150.00  
FILED

07 MAR 30 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RSC*



02152007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4811687** Applied For  
Not Applicable

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

**DOCUMENT # P06000063690**

1. Entity Name  
**D GROUP CONSULTING SERVICES, INC.**



Principal Place of Business  
**1526 UNIVERSITY BLVD.  
436  
JACKSONVILLE, FL 32217**

Mailing Address  
**1526 UNIVERSITY BLVD.  
436  
JACKSONVILLE, FL 32216**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**NYSEWANDER, DORETTE  
1526 UNIVERSITY BLVD.  
436  
JACKSONVILLE, FL 32216**

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, 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, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D NYSEWANDER, DORETTE 1526 UNIVERSITY BLVD. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Dorette Nysewander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Document corrected per Dorette Nysewander. RSC*