2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007259

City-St-Zip:

TAMPA, FL 33614 US

Entity Name: DGP&S CONSTRUCTION INC

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4417 NORTH CLARK AVE 4417 NORTH CLARK AVE TAMPA, FL 33614 TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** PO BOX 4929 TAMPA, FL 33677 US FEI Number: 20-8251587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORALES, FELICIANO 4417 NORTH CLARK AVE TAMPA, FL 33614 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MORALES, FELICIANO Name: Name: MORALES, FELICIANO 4417 NORTH CLARK AVE 4417 NORTH CLARK AVE Address: Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip: TAMPA, FL 33614 US Title: VΡ Title: () Change () Addition () Delete Name: MORALES, CELIA Name: 4417 NORTH CLARK AVE Address: Address: TAMPA, FL 33614 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition FELICIANO, ORLANDO Name: Name: 4417 NORTH CLARK AVE Address: Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip: Title: SC (X) Delete Title: () Change () Addition PEREZ, JOSE Name: Name: Address: 4417 NORTH CLARK AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: FELICIANO MORALES PD 04/12/2008