


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90014 028 ***150.00

DOCUMENT # P07000090170					
1. Entity Name DC MAINTENANCE SERVICES, INC.					
Principal Place of Business 6130 COPPER LEAF LN NAPLES, FL 34116			Mailing Address 6130 COPPER LEAF LN NAPLES, FL 34116		
2. Principal Place of Business No P.O. Box # 5378 23rd Ct SW		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples FL		City & State		4. FEI Number 26-1382522	
Zip 34116		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMARGO, DANIEL 6130 COPPER LEAF LN NAPLES, FL 34116			7. Name and Address of New Registered Agent Name Daniel Camargo Street Address (P.O. Box Number is Not Acceptable) 5378 23rd Ct SW City Naples FL Zip Code 34116		
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 * Maria Camargo (NOTE: Registered Agent signature required when re-registering) DATE 03/22/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CAMARGO, MARIA J 6130 COPPER LEAF LN NAPLES, FL 34116 <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: * Maria Camargo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/22/08 239-3843193 <small>Date Daytime Phone #</small>		