

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P07000101036

1. Entity Name

D&W CONTRACTORS INC.



**FILED  
Feb 21, 2008 8:00 am  
Secretary of State**

02-21-2008 90023 010 \*\*\*158.75



1st MOORE CR2E034 (10/07)

Principal Place of Business  
100 MARINA BAY DRIVE, SUITE 303  
FLAGLER BEACH FL 32136  
US

Mailing Address  
100 MARINA BAY DRIVE, SUITE 303  
FLAGLER BEACH FL 32136  
US

2. Principal Place of Business - No P.O. Box #  
*P.O. Box 1971*

Suite, Apt. #, etc.

City & State  
*Flagler Beach, FL*

Zip      Country  
*32136*      *Flagler*

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA FL 33612-3425

4. FEI Number  
*14-2009886*

Applied For  
Not Applicable

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

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 reselecting)) 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 \$5.00 May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WHITE, DAVID 100 MARINA BAY DRIVE, SUITE 303 FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DONALDSON, ANDREW 100 MARINA BAY DRIVE, SUITE 303 FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT DONALDSON, ANDREW 100 MARINA BAY DRIVE, SUITE 303 FLAGLER BEACH FL 32136	<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 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: *Andrew Donaldson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/208(386) 6794664  
Date  
Filing Phone #