

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90020 022 ***150.00

DOCUMENT # P07000133924

1. Entity Name
DETECTABLE WARNING SYSTEMS, INC.



Principal Place of Business
**9556 HISTORIC KINGS ROAD S SUITE 416
JACKSONVILLE, FL 32257**

Mailing Address
**9556 HISTORIC KINGS ROAD S SUITE 416
JACKSONVILLE, FL 32257**



04282008 Chg-P CR2E034 (12/06)

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

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

4. FEI Number
26-1639263

Applied For
Not Applicable

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

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**DRISKELL, GREGORY W
9556 HISTORIC KINGS ROAD S SUITE 416
JACKSONVILLE, FL 32257**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KEELS, MICHAEL A**
STREET ADDRESS **9556 HISTORIC KINGS ROAD S SUITE 416**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **DCEO** ☐ Delete
NAME **DRISKELL, GREGORY W**
STREET ADDRESS **9556 HISTORIC KINGS ROAD S SUITE 416**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **ST** ☐ Delete
NAME **DRISKELL, GREGORY W**
STREET ADDRESS **9556 HISTORIC KINGS ROAD S SUITE 416**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4/29/08** **904 733 2121**