

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P94000094065

1. Entity Name  
DEO CONSTRUCTION, INC.



Principal Place of Business  
29319 E. OLD MILL  
TAVARES, FL 32778

Mailing Address  
29319 E. OLD MILL  
TAVARES, FL 32778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OLDS, DAVID E  
29319 E. OLD MILL  
TAVARES, FL 32778

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
OLDS, DAVID E  
29319 E. OLD MILL  
TAVARES, FL 32778

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D/P

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
MARY LYNN OLDS  
29319 E OLD MILL ROAD  
TAVARES, FL 32778

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 10, 2005 8:00 am  
Secretary of State

02-10-2005 90062 037 \*\*\*150.00

JUULDOOR



01302005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3287975	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

Date

Daytime Phone #