


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90017 003 \*\*\*158.75

DOCUMENT # P95000052926


1. Entity Name  
 DCR ENGINEERING SERVICES, INC.



Principal Place of Business      Mailing Address

502 COUNTRY ROAD 640 EAST      PO BOX 935  
 MULBERRY, FL 33860 US      MULBERRY, FL 33860

**DO NOT WRITE IN THIS SPACE**



04012004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3441751	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSMAN, DALE C  
 502 COUNTRY RD 640 E.  
 MULBERRY, FL 33860

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROSSMAN, DALE C
STREET ADDRESS	6977 HAYTER DR.
CITY-ST-ZIP	LAKELAND, FL 33860
TITLE	VST
NAME	JORDAN, RONALD E
STREET ADDRESS	3817 SCOVILL LANE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	V
NAME	BREDBENNER, TODD
STREET ADDRESS	404 EASTON DRIVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	V
NAME	MORRIS, VINCENT G
STREET ADDRESS	2511 BUCKHONN RUN DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Ronald E. Jordan, Ronald E. Jordan*      4/8/04      863-428-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #