2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000052926

1. Entity Name

DCR ENGINEERING SERVICES, INC.



Principal Place of Business 502 COUNTRY ROAD 640 EAST MULBERRY, FL 33860 US Mailing Address
PO BOX 935

MULBERRY, FL 33860

FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90099 047 ***158.75

40113504



DO NOT WRITE IN THIS SPACE

05102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3441751

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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 the obligations of registered agent. 	registered agent, or both, in the State of Florida.	I am familiar with, and accept
	on the open	•	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE ROSSMAN, DALE C NAME 6977 HAYTER DR. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33860 TITLE NAME JORDAN, RONALD E STREET ADDRESS 1512 CROOKED STICK DR CITY-ST-ZIP VALRICO, FL 33594 TITLE BREDBENNER, TODD NAME STREET ADDRESS 1072 SUGARTREE LN NORTH CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 of 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 chapter do not not address with all blinder like expressed.

SIGNATURE:≌

CITY-ST-ZIP

SHALLON KWALLE BYNTED NAME OF SIGNING OFFICER OR DIRECTOR 5/007

Daytime Phone #