


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90029 017 \*\*\*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**

JUUU1334



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

01082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**ROSSMAN, DALE C**  
**502 COUNTRY RD 640 E.**  
**MULBERRY, FL 33860**

7. Name and Address of New Registered Agent  
 Name **Ronald E. Jordan**  
 Street Address (P.O. Box Number is Not Acceptable) **2830 Parkway St.**  
 City **Lakeland** FL Zip Code **33811**

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 *Ronald E. Jordan, secretary* **Ronald E. Jordan**  
Signature, typed or printed name of registered agent and date 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	D	<input type="checkbox"/> Delete
NAME	ROSSMAN, DALE C	
STREET ADDRESS	6977 HAYTER DR.	
CITY-ST-ZIP	LAKELAND, FL 33860	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JORDAN, RONALD E	
STREET ADDRESS	1512 CROOKED STICK DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	P	<input type="checkbox"/> Delete
NAME	BREDBENNER, TODD	
STREET ADDRESS	1072 SUGARTREE LN NORTH	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Ronald E. Jordan, secretary* **Ronald E. Jordan** **863-904-1071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #