



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90023 037 \*\*\*150.00

<b>DOCUMENT # P96000056188</b> 1. Entity Name <b>DIVERSIFIED PRODUCTS &amp; CONTRACTUAL SERVICES, INC.</b>					
Principal Place of Business RT 9 BOX 4531 LAKE CITY, FL 32024			Mailing Address PO BOX 1705 LAKE CITY, FL 32056-1705		
2. Principal Place of Business <b>336 S.W. Rose Creek Dr</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>54064064</b> 	
City & State <b>Lake City FL</b>		City & State  		4. FEI Number <b>59-3394045</b>	
Zip <b>32024</b>		Country <b>Columbia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREEN, ANITA J.</b> <b>RT 9 BOX 4531</b> <b>LAKE CITY, FL 32024</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>336 S.W. Rose Creek Drive</b> City <b>Lake City</b> <b>FL</b> Zip Code <b>32024</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>GREEN, ELIJAH P</b> <b>RT 9 BOX 4531</b> <b>LAKE CITY, FL 32024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>336 S.W. Rose Creek Drive</b> <b>Lake City, FL 32024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GREEN, ANITA J</b> <b>RT 9 BOX 4531</b> <b>LAKE CITY, FL 32024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>336 S.W. Rose Creek Drive</b> <b>Lake City, FL 32024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE: <u>Elijah P. Green</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7-1-04</b> <small>Date</small>		<b>386-758-2328</b> <small>Daytime Phone #</small>