2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000067197 1. Entity Name							Secretary of State				
D.G. BUILI	DERS, INC.						-				
Principal Place of Business			Mailing Address				1	. <u>—</u>			=
1227 S PATRICK DR 100 SATELLITE BEACH FL 32937 US			PO BOX 372454 SAT BEACH FL 32927 US								
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt #, etc.				MOORE CR2E034 (11/03)				
City & State			City & State			4. 1	FEI Number 59-3394277	Applied For Not Applicable			
Zip	Country				Coun	untry		Certificate of Status Desired		5 Addit equired	ional
	6. Name and	Address of Current	Registere	ed Agent		Name	7. 3	Name and Address of New Registers	ed Agent		.,
MOSS, JOEL S						Street Address (P.O. Box Number is Not Acceptable)					
47 W NEW HAVEN AVENUE SUITE 200											
MELBOURNE FL 32901						City	FL Zp Code				
			the purp	ose of changing its	register	ed office or registe	ered ag	gent, or both, in the State of Florida. I a	. —	r with, a	nd accept
	ons of registered	agent.									
SIGNATURE _	Signature, typed or pro	nted name of registered agent	and tide I app	olicable. (NOT	E. Registere	d Agent signature require	d when re	enstating) CAT	TÉ		
After	May 1, 2004 I	EE IS \$150.00 ee will be \$550.00 orida Department o	f State					Election Campaign Financing Trust Fund Contribution.		\$5.00 Added	May Be to Fees
10.		OFFICERS AND	DIRECTO		11.		AΣ	DDITIONS/CHANGÉS TO OFFICERS A			
Title Name Street address City-St-Zip	P GREEN, DANI 110 MARTESI I.H. BEACH FI	A WAY		☐ Delete				U00000041124 02/09/04-80077-		:hange 50.0(□ Addition
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cnangeo,	or on an attach	formation supplied with supplemental report is eceiver or trustee empment with an address,	h this filing s true and lowered to with all of	does not qualify to faccurate and that o execute this repor her like empowered	٠.	emption stated in Stature shall have the shall have the sired by Chapter 60	Section e same 07, Flor	119.07(3)(f), Florida Statutes. I further a legal effect as if made under oath, the rida Statutes, and that my name appear			
SIGNAT	OHE: 🔽	CONTURE AND TYPES OF	PRINTED NA	ME OF SIGNING OFFICE	OR DIREC	OF CELLO		Date	Daytime	Phone #	

FILED