


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90128 023 \*\*\*150.00

DOCUMENT # <b>P97000108635</b>	
1. Entity Name <b>DAYTONA Demolition, DPT Services</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1191 GOLF AV.</b>	3. Mailing Address <b>1191 GOLF AV.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ormond Beach, FL</b>	City & State <b>Ormond Beach, FL 32174</b>
Zip <b>32174</b>	Country <b>USA</b>

4. FEI Number <b>39-3503979</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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CR2E034B (8/05)

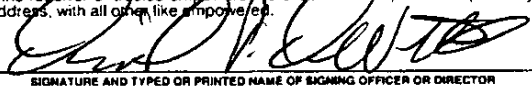
<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>AMER/LAWER</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>343 ALMERIA AVE</b>	
	City <b>CORAL GABLES</b>	FL <b>33134</b>

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 	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT DAVID DEWITTE 1191 GOLF AV. Ormond Beach, FL 32174</b>	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 507, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.	SIGNATURE: 	Date <b>4-25-06</b>	Daytime Phone # <b>3865666844</b>
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