


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000051910 1. Entity Name D & J CONSTRUCTION SERVICES, INC.		
Principal Place of Business 3734 SILVER STAR ROAD ORLANDO FL 32808		Mailing Address 3734 SILVER STAR ROAD ORLANDO FL 32808
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt # etc.	
City & State	City & State	
Zip	Country	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3520796				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent ATTAWAY, THOMAS 3350 BURRIS ROAD SUITE C FORT LAUDERDALE FL 33314		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		FL
				Zip Code

B. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATTAWAY, THOMAS J			NAME	U00000033829		
STREET ADDRESS	3734 SILVER STAR ROAD			STREET ADDRESS	02/05/04-80059-008 150.00		
CITY - ST - ZIP	ORLANDO FL 32808			CITY - ST - ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEGER, RICHARD			NAME			
STREET ADDRESS	3350 BURRIS RD			STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33314			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORR, WILLIAM			NAME			
STREET ADDRESS	3734 SILVER STAR RD			STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32808			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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.

SIGNATURE: Thomas J Attaway 2-2-04 954-587-2360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #