

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 003 ***150.00

DOCUMENT # P98000095165

1. Entity Name
DIVCO CONSTRUCTION CORP.

Principal Place of Business
**6628 WILLOW PARK DRIVE
 NAPLES FL 34105**

Mailing Address
**6628 WILLOW PARK DRIVE
 NAPLES FL ~~34105~~ 34109**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **34109** Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3559612** Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~KAUFFMAN, STEPHEN
 6628 WILLOW PARK DRIVE
 NAPLES FL 34109~~

7. Name and Address of New Registered Agent
 Name **Wilson, Gary**
 Street Address (P.O. Box Number is Not Acceptable) **Porter Wright Morris & Arthur**
5801 Pelican Bay Blvd Suite 306
 City **Naples** FL Zip Code **34108**

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]* DATE **3-21-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Stephen Kauffman** DATE: **3-18-05** TIME PHONE #: **239592-72**

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