## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P99000042 DAST PIPE & SITE, INC.				90053 016 ***150	).UU	
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· '	e of Business	Mailing Address		1			
2600 VERNA RD. 2600 VERNA RD.			•				
MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251			,				
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Principal Place of Business - No P.O. Box #     3. Mailing Address		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132008	Chg-P	CR2E034 (12/06)	l 
City & State		City & State	City & State		er	<del></del>	pplied For
		<del> </del>		65-091	/20/		lot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Ad — Fee Requir	
	6. Name and Address of Curren	Registered Agent		7. Name and	Address of New	Registered Agent	
BROWN, GERALD 2600 VERNA RD			Name				
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	CITY, FL 34251						
, s							
			City			FL Zip Coo	de
	e named entity submits this statement f	or the purpose of changing its r	egistered office or regi	stered agent, or bo	th, in the State of		, and accept
the obligat	tions of registered agent.						
SIGNATURE.							
	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE:	Registered Agent signature req	ired when reinstating)	<del>,</del>	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib							
After M				55.00 May Be added to Fees			•
		.00 Trust Fund Contri		Added to Fees	/CHANGES TO O	FFICERS AND DIRECTOR	RS IN 11
After M	ay 1, 2008 Fee will be \$550	.00 Trust Fund Contri	bution.	Added to Fees	/CHANGES TO O	FFICERS AND DIRECTOR	RS IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE: <u></u>

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPIPER OR DIRECTOR