

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000090919**

1. Entity Name  
**D&S SUPERIOR HOMES, INC.**



Principal Place of Business  
**7777 DAVIE ROAD EXTENSION, 104B  
DAVIE, FL 33024**

Mailing Address  
**7777 DAVIE ROAD EXTENSION, 104B  
DAVIE, FL 33024**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SINGLETON, LEO W  
7777 DAVIE ROAD EXTENSION, 104B  
DAVIE, FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	DWYER, ALTON
STREET ADDRESS	7777 DAVIE ROAD EXTENSION, 104B
CITY - ST - ZIP	DAVIE, FL 33024

TITLE	VS
NAME	SINGLETON, LEO W
STREET ADDRESS	7777 DAVIE ROAD EXTENSION, 104B
CITY - ST - ZIP	DAVIE, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

000000001982  
01/12/04-80033-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with full power to be empowered.

**SIGNATURE:** Leo W. Singleton 01.08.04 954.441.1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #