## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Feb 29, 2008 08:00 AM Secretary of State DOCUMENT # P99000100623 1. Entity Name D W INDUSTRIAL SERVICES INC. Principal Place of Business Mailing Address 1856 DEBUTANTE DR. 1856 DEBUTANTE DR. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3605940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALTON, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 1856 DEBUTANTE DR. JACKSONVILLE FL 32246 City Zip Code 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 crinted harno of registered agent and the if script cable. (NOTE Recistored Appril expenses required when reinstation) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Delete TITLE Addition U00000843489 NAME DALTON, KENNETH D NAME 03/11/08-80071-009 150.00 STREET ADDRESS 1856 DEBUTANTE DR STREET ADDRESS CITY - ST- ZIP JACKSONVILLE FL 32246 CITY+ST- ZIP TITLE ☐ Dalete TITLE Addition Change NAME WELDON, BEN NAME STREET ADDRESS 2308 SOMERSET RD STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32210 CITY-ST-7IF TITLE Delete Change Addition THE NAME HOLDER, RICHARD T MARAE STREET ADDRESS 7616 MULHALL DR STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE ☐ Deiete Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

2-25-08 (904)724-0099 Data Data Data Data Propins