

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50635

FILED
Apr 22, 2007
Secretary of State

Entity Name: DALE DETWEILER CONSTRUCTION, INC.

Current Principal Place of Business:

2033 MAIN STREET
#600
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

DALE DETWEILER CONST. INC
PO BOX 7862
SARASOTA, FL 34278

New Mailing Address:

FEI Number: 65-0259200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETWERLER, L DALE
14 CHRISTIE AVE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DETWEILER, L. DALE,
Address: 14 CHRISTIE AVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: HERSHBERGVER, LEVI L, .
Address: 1216 HANCOCK AVE.
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HERSHBERGVER, LEVI L, .
Address: 1216 HANCOCK AVE.
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEVI L HERSHBERGER

V. P

04/22/2007

Electronic Signature of Signing Officer or Director

_____ Date