

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90039 029 ***150.00

DOCUMENT # V38826

1. Entity Name
D & P ENTERPRISES OF HENDRY COUNTY, INC.



Principal Place of Business
**1323 JAMES AVE
LEHIGH ACRES, FL 33972**

Mailing Address
**D&P ENT. HENDRY CNTY., INC.
D/B/A PIONEER ELECTRIC PO BOX 295
LABELLE, FL 33975-0295**



2. Principal Place of Business

3. Mailing Address

1323 JAMES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

City & State

City & State

LEHIGH ACRES, FL

4. FEI Number
65-0345118

Applied For
Not Applicable

Zip

Country

Zip

Country

33972

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAGNE, DAWN P.
1323 JAMES AVE
LEHIGH ACRES, FL 33972**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GAGNE, PAUL E.	
STREET ADDRESS	1323 JAMES AVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GAGNE, DAWN P.	
STREET ADDRESS	1323 JAMES AVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COMANIC, MARK	
STREET ADDRESS	1460 SHAWNEE AVE	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dawn P. Gagne* **DAWN P. GAGNE** 1/11/05 2393697877

SIGNATURE AND TYPED OR PRINTED NAME OF SAGING OFFICER OR DIRECTOR

Date

Daytime Phone #