


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED'
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 566185
1. Entity Name
D & R TOOL & MOLD, INC.



Principal Place of Business 230 S.W. 12TH AVE POMPANO BEACH, FL 33069	Mailing Address 230 S.W. 12TH AVE POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1811177	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIZZY, ROBIN
230 S.W. 12TH AVE
POMPANO BEACH, FL 33069**

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

**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**

U00000058374
02/20/04-80027-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TAYLOR, DEREK G 230 S W 12TH AVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DOROTHY E 230 S W 12TH AVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PIZZY, ROBIN 230 S W 12TH AVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:  **ROBIN PIZZY** **2-17-04** **954-943-7520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #