


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90167 050 \*\*\*150.00

**DOCUMENT # P05000035564**

1. Entity Name  
**D & M ENTERPRISES OF SPRING HILL, INC**



Principal Place of Business  
**8397 NORTH CLIFFE BLVD  
 SPRING HILL FL 34606**

Mailing Address  
**8397 NORTH CLIFFE BLVD  
 SPRING HILL FL 34606**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number **20-2443443** Applied For  
 Not Applicable

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

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

**DONNELLY, GEORGE  
 8363 NORTHCLIFFE BLVD  
 SPRING HILL FL FL**

**7. Name and Address of New Registered Agent**

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  DATE **4-1-07**

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	DONNELLY, GEORGE	8363 NORTHCLIFFE BLVD	SPRING HILL FL 34606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	DONNELLY, GEORGE	8397 NORTHCLIFFE BLVD	SPRING HILL, FL 34606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	DONNELLY, JOANNE	8397 NORTHCLIFFE BLVD	SPRING HILL, FL 34606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SEC	DONNELLY, JUSTIN	8397 NORTHCLIFFE BLVD	SPRING HILL, FL 34606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:  DATE **4-1-07** DAYTIME PHONE # **352-650-7311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR