

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90015 007 \*\*\*150.00

<b>DOCUMENT # P05000096672</b> 1. Entity Name <b>D.R. BUILDING &amp; DEVELOPMENT, INC.</b>					
Principal Place of Business <b>815 EAST HARBOR COURT OCOE, FL 34761</b>			Mailing Address <b>815 EAST HARBOR COURT OCOE, FL 34761</b>		
2. Principal Place of Business <b>2582 S. Maguire Rd Suite, Apt. #, etc. Ste 241</b>		3. Mailing Address <b>2582 S. Maguire Rd Suite, Apt. #, etc. Ste 241</b>			
City & State <b>Ocoee FL</b>		City & State <b>Ocoee FL</b>		4. FEI Number <b>06-1751397</b>	
Zip <b>34761</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, ARISTIDES J 425 WEST COLONIAL DRIVE, SUITE 203 ORLANDO, FL 32804</b>				7. Name and Address of New Registered Agent Name <b>Donald Richards Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>15202 Starleigh Rd</b> City <b>Winter Garden</b> <b>FL</b> Zip Code <b>34787</b>	
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 <u><i>Donald Richards Jr</i></u> DATE <u>3/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RICHARDS, DONALD A</b> <input type="checkbox"/> Delete <b>815 EAST HARBOR COURT</b> <b>OCOE, FL 34761</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Donald Richards Jr</b> <b>15202 Starleigh Rd</b> <b>Winter Garden FL 34787</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Donald Richards Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/15/06</u> Daytime Phone # <u>407-398-5366</u>		

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