

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90039 043 \*\*\*550.00

20062944



DOCUMENT # P93000038214					
1. Entity Name DD&S COMPANIES, INC.					
Principal Place of Business 244 E PARK AVE LAKE WALES, FL 33853			Mailing Address P O BOX 960 LAKE WALES, FL 33859-0960 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	07012005	Chg-P CR2E034 (10/03)
4. FEI Number 59-3231731				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUMFELT, THOMAS B 244 E. PARK AVE LAKE WALES, FL 33853			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</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	P	<input type="checkbox"/> Delete	TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMFELT, THOMAS B		NAME	MATHEWSON, ANTHONY K.	
STREET ADDRESS	244 E. PARK AVENUE		STREET ADDRESS	244 E. PARK AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMFELT, COILETTE C		NAME	BRADLEY, HELENE M.	
STREET ADDRESS	244 E. PARK AVE		STREET ADDRESS	244 E. PARK AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMFELT, CHRISTINA M		NAME	BARTLETT, THOMAS E	
STREET ADDRESS	244 E. PARK AVE		STREET ADDRESS	244 E PARK AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMFELT, JULIE N		NAME		
STREET ADDRESS	244 E. PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMFELT, CHAD T		NAME		
STREET ADDRESS	244 E. PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Anthony K Mathewson, EVP</i>			Date: 7-5-05		Daytime Phone #: (863)6761681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					