

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

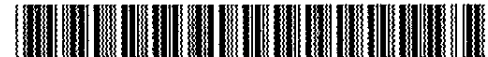
**DOCUMENT # 150016**

1. Entity Name  
**D & N, INC.**



Principal Place of Business  
**900 PINEHURST LANE  
VENICE, FL 34293 US**

Mailing Address  
**900 PINEHURST LANE  
VENICE, FL 34293 US**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-6066720**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**NAPOLI, DONALD J  
900 PINEHURST LANE  
VENICE, FL 34293**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**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**

**U000000100733  
04/01/04-80019-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VDST
NAME	NAPOLI, DONALD JAY
STREET ADDRESS	900 PINEHURST LANE
CITY - ST - ZIP	VENICE, FL 34293
TITLE	PD
NAME	NAPOLI, DOMINICK J.
STREET ADDRESS	10758 NASHVILLE DRIVE
CITY - ST - ZIP	COOPER CITY, FL 330264900
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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)(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: Donald J. Napoli DONALD J. NAPOLI, Vice Pres. 04/01/04 941-497-3558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #