

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 351448

Entity Name: DI-BON, INC.

FILED  
Mar 14, 2006  
Secretary of State

**Current Principal Place of Business:**

3349 AL. HWY S.W.  
ROME, GA 301651126 US

**New Principal Place of Business:**

**Current Mailing Address:**

46 ALBION DRIVE  
ROME, GA 301651126 US

**New Mailing Address:**

FEI Number: 59-1275135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINELY, W H  
515 W. CENTRAL BLVD.  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DOEGG, DONALD E.,  
Address: 46 ALBION DRIVE SW  
City-St-Zip: ROME, GA 30161,

Title: VPD ( ) Delete  
Name: DOEGG, DONALD KIETH,  
Address: 112 GRAY ROCK DRIVE  
City-St-Zip: ROME, GA 30161,

Title: SD ( ) Delete  
Name: DOEGG, BONNIE J.,  
Address: 46 ALBION DRIVE SW  
City-St-Zip: ROME, GA 30161,

Title: TD ( ) Delete  
Name: DOEGG, GARY L.,  
Address: 2605 LAKERIDGE CIRCLE  
City-St-Zip: ROME, GA 30161,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. DOEGG

PRES

03/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date