

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 451156

1. Entity Name  
DOUBLE "D" CONSTRUCTION CORP.



Principal Place of Business  
3121 LAFAYETTE LANDING DRIVE  
DELEON SPRINGS, FL 32130 US

Mailing Address  
3121 LAFAYETTE LANDING DRIVE  
DELEON SPRINGS, FL 32130 US



07182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1565879

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, DAY  
3121 LAFAYETTE LANDING DRIVE  
DELEON SPRINGS, FL 32130

**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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DAY, DOUGLAS  
STREET ADDRESS 3121 LAFAYETTE LANDING DRIVE  
CITY - ST - ZIP DELEON SPRINGS, FL 32130

TITLE ST  
NAME DAY, LORRAINE  
STREET ADDRESS 3121 LAFAYETTE LANDING DRIVE  
CITY - ST - ZIP DELEON SPRINGS, FL 32130

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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NAME  
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CITY - ST - ZIP

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07/20/05-80003-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-18-05

806-785-7647