


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90234 001 ***211.25

DOCUMENT # **490834**

1. Entity Name
D+D SALES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4680 S.E. 120th ST

3. Mailing Address
DEPA STREET - 4680 S.E. 120th ST?

City & State
BELLEVIEW, FLORIDA

4. FEI Number
59-1769388

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

6. City & State
BELLEVIEW, FLORIDA

7. Name and Address of Current Registered Agent
Name: **DONALD D. HARRELL**
Street Address (P.O. Box Number is Not Applicable):
4680 S.E. 120th ST.
City: **BELLEVIEW, FL** Zip Code: **34420**

**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 _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DONALD D. HARRELL 4680 S.E. 120th ST. BELLEVIEW, FL 34420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DIANA S. HARRELL 4680 S.E. 120th ST. BELLEVIEW, FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANA S. HARRELL 4680 S.E. 120th ST. BELLEVIEW, FL 34420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **DIANA S. HARRELL** **4-25-06** **352-347-7714**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Check Print

CR2E034B (12/02)