

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F09245

1. Entity Name
D & D EQUIPMENT, INC.



Principal Place of Business

**P.O. BOX 8726
JACKSONVILLE, FL 32239**

Mailing Address

**P.O. BOX 8726
JACKSONVILLE, FL 32239**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2051061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TREECE, THOMAS D
9220 CYPRESS GREEN DRIVE
JACKSONVILLE, FL 32216**

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00 .

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME DIEFENBRUCH, SUE D
STREET ADDRESS 4054 OLD MILL COVE TRAIL EAST
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE VD
NAME DIEFENBRUCH, DAVID R
STREET ADDRESS 3961 MEADOWVIEW DR. N.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE SD
NAME DIEFENBRUCH, PAUL H III
STREET ADDRESS 11910 ARBOR LAKE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000301811
04/13/05-80046-016 150.00

**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: *Sue D. Diefenbruch* **Sue D. Diefenbruch** **4-11-05** **904-743-1660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #