

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68178

Entity Name: D.M. & SONS, INC.

FILED
Jun 09, 2006
Secretary of State

Current Principal Place of Business:

% WALTER DON MERRITT
5490 W HOMOSASS TRAIL
LECANTO, FL 34461 US

Current Mailing Address:

PO BOX 309
CRYSTAL RIVER, FL 344230309

New Principal Place of Business:

C/O PAUL KAUFMANN
15604 COUNTY LINE ROAD
SPRING HILL, FL 34610 US

New Mailing Address:

15604 COUNTY LINE ROAD
SPRING HILL, FL 34610

FEI Number: 59-2283382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRITT, WALTER DON
930 N COUNTRY CLUB DR
P.O. BOX 309
CRYSTAL RIVER, FL 34423 US

Name and Address of New Registered Agent:

KAUFMANN, PAUL
15604 COUNTY LINE ROAD
SPRING HILL, FL 34610 US

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: PAUL KAUFMANN

06/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MERRITT, BARBARA ANN,
Address: 930 N COUNTRY CLUB DR, P.O. BOX 309
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: PD (X) Delete
Name: MERRITT, WALTER DON,
Address: 930 N COUNTRY CLUB DR, P.O. BOX 309
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: V (X) Delete
Name: MERRITT, WALTER K
Address: 5165 W FIELD ST
City-St-Zip: HOMOSASSA, FL 34446

Title: C (X) Delete
Name: MERRITT, DONALD K
Address: 1929 S. MELANIE DR.
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: KAUFMANN, PAUL
Address: 5296 RUNNINGBROOK DRIVE
City-St-Zip: HOMOSASSA, FL 34448

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: PAUL KAUFMANN

P

06/09/2006

Electronic Signature of Signing Officer or Director

Date