

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005525

Entity Name: DD KANSAS CITY, INC.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

3411 LAKE BUFFUM RD EAST
FORT MEADE, FL 33841

New Principal Place of Business:

3411 LAKE BUFFUM ROAD EAST
FORT MEADE, FL 33841

Current Mailing Address:

P.O.BOX 626
LAKE WALES, FL 33859

New Mailing Address:

PO BOX 430
VALRICO, FL 33595

FEI Number: 43-1787096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMING, MELISSA D MS.
4008 N. SEMINOLE
TAMPA, FL 33603 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: CP () Delete
Name: DEMING, RON
Address: 4707 TROYDALE ROAD
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: DEMING, DONALD
Address: PO BOX 7596
City-St-Zip: LAKELAND, FL 33807

Title: T () Delete
Name: DEMING, DONNA
Address: BOX 7596
City-St-Zip: LAKELAND, FL 33807

Title: VP () Delete
Name: DEMING, MELISSA D
Address: 4008 N. SEMINOLE
City-St-Zip: TAMPA, FL 33603

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: RON DEMING

CP

04/04/2007

Electronic Signature of Signing Officer or Director

Date