

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H22231**

1. Entity Name  
D.D.I., INC.



Principal Place of Business  
4310 PABLO OAKS CT.  
JACKSONVILLE, FL 32224 US

Mailing Address  
P.O. BOX 19366  
JACKSONVILLE, FL 32245-9366 US



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2448386

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ZAHRA, E. ELLIS JR.  
4310 PABLO OAKS COURT  
JACKSONVILLE, FL 32224-9631

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ZAHRA, E. ELLIS JR.  
STREET ADDRESS 4310 PABLO OAKS CT.  
CITY-ST-ZIP JACKSONVILLE, FL 322249631

TITLE VAS  
NAME FRANCIS, H. D  
STREET ADDRESS 4310 PABLO OAKS CT.  
CITY-ST-ZIP JACKSONVILLE, FL 322249631

TITLE DC  
NAME DAVIS, ROBERT D.  
STREET ADDRESS 4310 PABLO OAKS CT.  
CITY-ST-ZIP JACKSONVILLE, FL 322249631

TITLE DVAT  
NAME DAVIS, A. DANO  
STREET ADDRESS 4310 PABLO OAKS CT  
CITY-ST-ZIP JACKSONVILLE, FL 322249631

TITLE V  
NAME THORNE, SUSAN C.  
STREET ADDRESS 4310 PABLO OAKS CT.  
CITY-ST-ZIP JACKSONVILLE, FL 322249631

TITLE T  
NAME SKELTON, H. J  
STREET ADDRESS 4310 PABLO OAKS CT.  
CITY-ST-ZIP JACKSONVILLE, FL 322249631

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04/11/06-80040-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Susan C. Thorne

3/23/06

904/223-7480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #