

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69776

Entity Name: D. & D. PLASTERING, INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

% DOUGLAS FRUEHWALD
4171 ASHTON ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

% DOUGLAS FRUEHWALD
4171 ASHTON ROAD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 59-2564113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRUEHWALD, DOUGLAS
4171 ASHTON ROAD
SARASOTA, FL 34233 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: D () Delete
Name: SZCZESNY, DANIEL,
Address: 2718 PARMA ST.
City-St-Zip: SARASOTA, FL

Title: DST () Delete
Name: FRUEHWALD, DOUGLAS,
Address: 4171 ASHTON RD
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SZCZESNY, DANIEL
Address: 2718 PARMA ST.
City-St-Zip: SARASOTA, FL

Title: DST (X) Change () Addition
Name: FRUEHWALD, DOUGLAS
Address: 4171 ASHTON RD
City-St-Zip: SARASOTA, FL

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS FRUEHWALD

DST

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date