

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J23302

1. Entity Name
D & B OF POMPANO, INC.



Principal Place of Business
**1551 N POWERLINE ROAD
POMPANO BEACH, FL 33069 US**

Mailing Address
**C/O DAVID A. YARBOROUGH
14200 N.W. 4TH ST
SUNRISE, FL 33325 US**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
29-2707548

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YARBOROUGH, HAROLD G.
14200 N.W. 4TH STREET
SUNRISE, FL 33325**

**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 PD
NAME GOODMAN, STEVE E.
STREET ADDRESS 1561 N. POWERLINE ROAD
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VD
NAME APAKIAN, GEORGE
STREET ADDRESS 1561 N. POWERLINE RD.
CITY-ST-ZIP POMPANO BEACH, FL

TITLE TD
NAME YARBOROUGH, DAVID A.
STREET ADDRESS 14200 SW 64TH AVE
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE SD
NAME YARBOROUGH, HAROLD G
STREET ADDRESS 15140 WHETSTONE WAY
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000311322
04/18/05-80041-010 150.00

**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 affidavit with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAROLD G. YARBOROUGH, Secretary

1/12/05 (954) 845-1111