


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 039 ***150.00

DOCUMENT # K00692	
1. Entity Name G. D. D., INC.	

Principal Place of Business 6660 NE 5TH OCALA FL 34470 US	Mailing Address PO BOX 1921 SILVER SPRINGS FL 34489 US
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2. Principal Place of Business 6660 NE 5TH Lane.	3. Mailing Address P.O. Box 1921
Suite, Apt. #, etc. OCALA FL	Suite, Apt. #, etc.

City & State 34470 Ocala FL	City & State SILVER SPRINGS FL
Zip 34470	Zip 34489
Country US	Country US



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2857458		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHEFFIELD, CHRISTELL B 6660 NE 5TH LN. OCALA FL 34490		7. Name and Address of New Registered Agent Name Christell Sheffield Street Address (P.O. Box Number is Not Acceptable) 6660 NE 5TH LANE City OCALA FL Zip Code 34470

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, GEORGE D. 6660 NE 5TH LANE OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEFFIELD, CHRISTELL B. 6660 NE 5TH LANE OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: Christell B. Sheffield 4/27/2005 (352) 236-7864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #