2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the rec changed, or on an attaching

SIGNATURE:

## Feb 28, 2004 08:00 AM DOCUMENT # M92733 Secretary of State 1. Entity Name D & D TRUCKING & GRADING, INC. Principal Place of Business Mading Address 3300 NW 27TH AVE 10140 NW 39TH COURT POMPANO BEACH FL 33064 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-0065038 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired **573** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE WERTH, JAY D. Street Address (P.O. Box Number is Not Acceptable) 10140 N.W. 39TH COURT CORAL SPRINGS FL 33065 City Zip Code 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, Recistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BILE ☐ Delete TETLE ☐ Change Addition DEWERTH, JAY 03/01/04-80085-014 150.00 NAME NAME STREET ADDRESS 10140 N.W. 39TH COURT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP SD TITLE ☐ Delete TETLE ☐ Change Addition DEWERTH, LINDA NAME NAME 10140 N.W. 39TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP THLE Detete 7175.5 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 requirer or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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